

TONUNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIAMarsha C. Stroman (Plaintiff) **17 3266**~~Sidney Hillman Senior Apts. aka Prudent Property Manager~~
~~aka John Fox Towers Senior Apts~~
~~8 South 22nd Street Apt. 1107 Phila. PA 19103~~
(In the space above enter the full name(s) of the plaintiff(s).)• Mark Hildebrand, CEO/President
against

Sidney Hillman Senior Apts.

COMPLAINTJury Trial: ☐ Yes ☒ No

(check one)

• Vitus A Corporation, Stephen B. White
et al (206)• Lisa Marie Warner, Property Manager
c/o Sidney Hillman/John Fox Towers• Kahlil Mays (Security Co.)
8 South 22nd St.

• Contractors, et al Phila.

• Lisa Marie Warner et al

• Philadelphia Joint Board of Workers United
c/o Ms. Lynne P. Fox, et al (215) 751-9770

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name
Street Address
County, City
State & Zip Code
Telephone NumberMarsha C. Stroman
22 South 22nd Street, #1107
Philadelphia
PA 19103
(215) 869-6566

Defendants

① Mark H. Hildebrant, CEO/President
 c/o Prudent Properties Management, LLC
 John Fox Towers Senior Apts, etc.
 Sidney Hillman Medical Senior Apts.
 Seventy First Street, Suite 302
~~Michigan~~ Beach, Florida 33141
 (305) 534-8241

② Stephen R. Whyte, Founder/owner
 et al
 Vitus Group Corporation, ~~et al~~ LLC
 1700 Seventh Avenue
 Suite 2075
 Seattle, Washington 98101-1360
 (206) 832-1306

③ Ms. Lisa Marie Warner, et al Property Manager
 Sidney Hillman Senior Citizen Apts.
 John Fox Towers Senior Citizen Apts
 8 South 22ND Street
 Phila, PA 19103

④ ~~Michael~~ Kahlil Mays Security Company
 c/o Sidney Hillman Apts./John Fox Towers Apts
 8 South 22ND Street
 Phila, PA 19103

Defendants

~~MS~~ Ms. Lynne P. Fox, et al
Philadelphia Joint Board Workers United
c/o Sidney Hillman Senior Apts
John Fox Towers Senior Apts.
8 South 22nd Street
Phila., PA 19103
(215) 751-9770

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Ms. Lisa Marie Warner et al
 Street Address ~~22nd~~ 8 22nd Street
 County, City Phila.
 State & Zip Code PA 19103

Defendant No. 2 Name Mr. Mark Hildebrand et al
 Street Address Prudent Properties Management LLC
 County, City 71st Street, Suite 302
 State & Zip Code ~~Florida~~ Miami Beach, FL 33141

Defendant No. 3 Name Mr. Stephen Wyeth, et al
 Street Address Vitus Group Corp, LLC
 County, City Seattle, Washington 98101-1360
 State & Zip Code Seattle, Washington

Defendant No. 4 Name Mr. Kahlil Mays et al
 Street Address c/o John Fox Towers
 County, City 8 South 22nd Street
 State & Zip Code Phila, PA 19103

Defendant No 5. Philadelphia Joint Board Workers Union
c/o Lynne P. Fox, et al
8 South 22nd St, Phila, PA 19103

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☒ Diversity of Citizenship

*Afraid For My Life and health

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

Best and Constitution
Constructive Eviction Law Suit
(Quiet and Enjoyment)
Sexual and Physical Harrassment

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship Asian-Chinese-Jewish, et al
 Defendant(s) state(s) of citizenship African American

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? 22 South 22ND Street
Apt. #1107, Elevators, Lobby

B. What date and approximate time did the events giving rise to your claim(s) occur? 3/7/2016 - 9AM
Maintenance, Mr. Mitchell Gilliam, stopped me
in the corridor, as I was about to throw out debris
and screamed at me to the top of his lungs,

What
happened
to you?

C. Facts: "You've been nothing but
trouble since you've been here. yelling (tantrum)
with his fingers and fists pointing at me,
I was afraid, thought he was going
to get physically violent, not just
verbally abusive with me (See attached)
complaints

Who did
what?

Mr. Mitch Gilliam, because of
Mr. Gilliam's verbal and
loud abuse on another female
tenant, she died the next morning

Was
anyone
else
involved?

Tenants watched from elevator as
Mr. Gilliam loudly yelled at me
screaming and acting irrational.
I was told he
did not take his medication for Bipolar

Who else
saw what
happened?

Mr. Robert Murphy, electrician/contractor
witnessed water coming from bathroom
and hall wall sockets, which I received
shocks to my fingers,

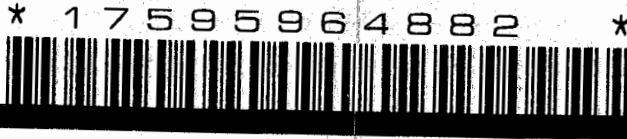
MONEY ORDER RECEIPT - NON NEGOTIABLE

June 2017 Rent, plus \$267.00
\$25.00
325.00
\$617.00

Send and Manage Money Easily. All With One Card.
The Western Union NetSpend® Prepaid MasterCard
ID Verification required. Fees apply. See prepaid rack for info.

POST 241969 LOC 034962 DT 060617 \$325.00 THUNDRED25DOLLARS AND
NO CENTS

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT
INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the completed Money
Order before providing it to the receiver.
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment
on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of
purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide
WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer
service, call 1-800-999-9660.



LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP

June
2017



June Rental plus
CUSTOMER'S RECEIPT \$325
\$267

SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATION

NOT
NEGOTIABLE

Pay to

Address

PMF/John Fox Towers Apts

22 S. 22 St

Phila, PA 19103

KEEP THIS
RECEIPT FOR
YOUR RECORDS

Serial Number

19645843566

Year, Month, Day
2017-06-06

Post Office

Amount
191031

\$25.00

Clerk

11



June 2017 plus 325 + \$25
CUSTOMER'S RECEIPT \$325

SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATION

NOT
NEGOTIABLE

Pay to

Address

PMF/John Fox Towers Apts

22 S. 22ND St.

Phila, PA 19103

KEEP THIS
RECEIPT FOR
YOUR RECORDS

Serial Number

19645843555

Year, Month, Day
2017-06-06

Post Office

Amount
191031

\$267.00

Clerk

11



July 2017 Rent \$617.00
CUSTOMER'S RECEIPT

SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATION

NOT
NEGOTIABLE

Pay to

Address

Proffent Magnet Prope/John Fox Towers

22 S. 22ND Street

Phila, PA 19103

KEEP THIS
RECEIPT FOR
YOUR RECORDS

Serial Number

24339190026

Year, Month, Day
2017-07-05

Post Office

Amount
191031

\$617.00

Clerk

29

July 2017

Manager said. Plaintiff was five
months behind in Rent. (False)
my Rent paid in full,
and up to date as
always

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Was very afraid and concerned as nothing was done about Mr. Mitch and other maintenance abusive behavior or disrespect.

I received injuries from inhaling fumes after asbestos was removed from my apartment and throughout corridors.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I want Lisa Marie Warner to remove lies I would request the Court to have Sidney Hillman Apts. and John Fox Towers, Steven Wyeth, et al reimburse me for my rental payments of about \$13,575 plus payment for my purchase of cleaning supplies/packing/exterminating fee of which I had to pay for about \$125.00 plus payment for items destroyed via maintenance (Anthony Hailey, Miguel, Sr.) Raheem Owens (Construction) entering my apt, damaging my clothes, lamps, floor Rugs, etc, at about \$300.00 plus "ALL" of my books, pain and suffering and depression at about \$50,000. A total of about \$95,000. This has been the most horific property/rental ever for me. Tenants and maintenance "pick" on me as a result of Lisa Marie Warner and Mark H. Hildebrandt

Everyday entrance in
tenants apartments!

Getting ill by
the day, due
to fumes, non-
sleep, non-rest,
loud noise —
harassment,
etc.

Some Tenants are
constantly ill
and dying!

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 21 day of July, 2017.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

E-mail Address

Marshall

22 South 22nd St.

Apt. 1107

Phila. PA 19103

(215) 868-6566

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____

Inmate Number _____

Incident Report for Resident Dispute

To Resident:

Use this form to report a complaint about another resident. Please tell us what happened by filling in the blank below. Then sign the form and give to the Office Staff.

Your Name: Marsha Stroman

Your Apt. # 1107

Name of the Resident - complaint is about: Mr. Mitch

~~Apt. #~~ Maintenance Supervisor

Please describe what happened:

I was about to throw out a small bag of trash and was met with Mr. Mitch putting debris on the elevator, when he saw me, he turned and yelled, "you have been nothing but trouble since you've been here," I to the top of his lungs in front of tenants, you have five incidents and you are trouble since my first day as a tenant. Mr. Mitch and Mr. Tony (Maintenance) attacked me verbally, as if I were a child. I have never seen such insane, unprofessional behavior from such maintenance personnel.

His threat to me is very uncomfortable, however, all I have portrayed is a kind, courteous demeanor to each and everyone I come in contact with as a tenant. I will "not", "will not" allow Mr. Mitch, Mr. Tony or Mr. Jay to disrespect or verbally abuse me any further. Please address the importance of ~~the~~ respectful ~~mannerisms~~ that must be adhered to at all times towards all tenants!

Where did this happen? (the elevator floor)

On what date 3/7/2016 At what time of the day 8:15AM

Resident Signature

Marsha Stroman

Date:

March 7, 2016
9:00AM



Attached Sheet* Question 9

As an Author, I plan to market three of my five books with an expectation of Royalties from each book. ("Grandma & Me... Hugs + Snuggs")

• ("Seasons of Acceptance... Let The Healing Begin!")

• ("Restoration From The Mountain Top... Look High, Look High, Look High Above The Sky")

along with speaking engagements and book signings.

① Since construction (Daily) as of January 2017, I have received constant bodily injuries (See attached) including cut on right and left thighs, upper respiratory infections since removal of my, and entire building (about 300 plus apartments, and lobby, etc. building locations,) Body rash on face, ~~arms~~ arms, vaginal complications, heart palpitations, etc. as well as high blood pressure and dizziness, as well as unable to breathe at times, even with use of Asmatic inhaler, nasal sprays, etc.

(2)

Exhausted from constant verbal abuse and false accusations from Lisa Marie Warner (Prudent Property Manager, Sidney Hillman Property Manager, as well as current John Fox Towers Senior Apts. She made the security staff (Kahlil May, Timothy Scott, etc., right negative info about me as well as accompany her and a total of about seven security and maintenance staff accompany her to landlord tenant court to lie and make false statements about me, as a ~~Master~~ Minister student, etc., I enjoy assisting and sharing a loving spirit and character to all customers and tenants, even the individuals Lisa Marie Warner had her staff right negative statements about me including current contractors rehabilitating the current John Fox Towers Apts.

* I want to "move" immediately as the owners (Vitus Group, Inc. Mr. Steven Wyth, Mr. Mark Hildebrand, Lisa Marie Warner, etc, however have no funds to do so. People are dying.



THOMAS JEFFERSON UNIVERSITY HOSPITAL
TJUH ED
111 S 11th Street
Philadelphia PA 19107-4824
215-503-1240

June 15, 2017

Patient: **Marsha F Stroman**
Date of Birth: **1/18/1953**
Date of Visit: **6/15/2017**

To Whom It May Concern:

Marsha Stroman was seen and treated in our emergency department on 6/15/2017.
She

Additional Information: Pt was seen in Emergency Department for wound on right thigh
(caused by broken toilet seat) and bilateral upper extremity rash

Thank you for your cooperation with the above statement.

Sincerely,

Tara Cepullio, CRNP

attachment



Jefferson Health.

Valentina Sami. RN

This document contains sensitive information and should be kept in a safe place.

Marsha F Stroman**Follow Ups for After Discharge****Please call to schedule these appointments/followups****Deborah K Witt, MD**

Specialty: Family Medicine, Gynecologic Oncology

Relationship: PCP - General

833 Chestnut Street

Suite 301

Philadelphia PA 19107

Phone: 215-955-7190

Next Steps: Follow up in 3 day(s)

TJUH ED

Specialty: Emergency Medicine

111 South 11th Street

Philadelphia PA 19107

Phone: 215-503-4040

Instructions: If symptoms worsen

Medications**Medication List****Start****hydrocortisone 2.5 % lotion**

Apply topically 2 (two) times a day.

Brand Name

Reason

Ask**clindamycin 150 mg capsule**

Take 2 capsules (300 mg total) by mouth every 6 (six) hours for 7 days.

Brand Name

Reason

CLEOCIN

ibuprofen 600 mg tablet

Take by mouth.

ADVIL, MOTRIN

lisinopril-hydrochlorothiazide 20-25 mg per tablet

Take by mouth.

PRINZIDE, ZESTOR
ETIC**VENTOLIN HFA 90 mcg/actuation inhaler**

Generic drug: albuterol HFA

Inhale 2 puffs every 4 (four) hours as needed for wheezing.

Cough

Where to Get Your Medications**You can get these medications from any pharmacy****Bring a paper prescription for each of these medications**☐ hydrocortisone 2.5 % lotion

Immunizations Administered

Name

Date

Tdap

If you have any questions about this medication list, please talk to your doctor at your next appointment. You may use this form to make notes about any medications that you have stopped or started taking, including over the counter medications. Bring the form with you to the appointment as a reminder to discuss with your doctor.

AllergiesDate Reviewed: **6/15/2017**

Allergen

Reactions

Penicillin G

Other (see comments)

unknown

Penicillins

Not Noted

Hospital Course

Additional Instructions

Wound Care

Wound care helps prevent pain and infection.

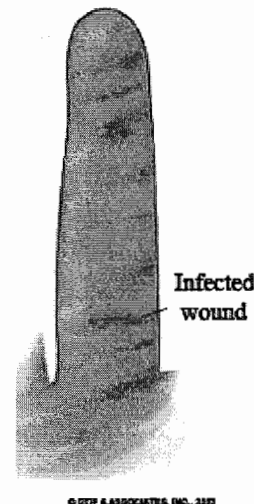
You may need a tetanus shot if:

- You cannot remember when you had your last tetanus shot.
- You have never had a tetanus shot.
- The injury broke your skin.

If you need a tetanus shot and you choose not to have one, you may get tetanus. Sickness from tetanus can be serious.

HOME CARE

- Only take medicine as told by your doctor.
- Clean the wound daily with mild soap and water.
- Change any bandages (*dressings*) as told by your doctor.
- Put medicated cream and a bandage on the wound as told by your doctor.
- Change the bandage if it gets wet, dirty, or starts to smell.
- Take showers. **Do not** take baths, swim, or do anything that puts your wound under water.
- Rest and raise (*elevate*) the wound until the pain and puffiness (*swelling*) are better.
- Keep all doctor visits as told.



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GET HELP RIGHT AWAY IF:

- Yellowish-white fluid (*pus*) comes from the wound.
- Medicine does not lessen your pain.
- There is a red streak going away from the wound.
- You have a fever.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 09/26/2009 Document Revised: 03/11/2013 Document Reviewed: 12/14/2015
ExitCare® Patient Information ©2016 ExitCare, LLC.

Wound Check

If you have a wound, it may take some time to heal. Eventually, a scar will form. The scar will also fade with time. It is important to take care of your wound while it is healing. This helps to protect your wound from infection.

HOW SHOULD I TAKE CARE OF MY WOUND AT HOME?

- Some wounds are allowed to close on their own or are repaired at a later date. There are many different ways to close and cover a wound, including stitches (*sutures*), skin glue, and adhesive strips. Follow your health care provider's instructions about:

Wound care.

Bandage (*dressing*) changes and removal.

Wound closure removal.

- Take medicines only as directed by your health care provider.
- Keep all follow-up visits as directed by your health care provider. This is important.
- **Do not** take baths, swim, or use a hot tub until your health care provider approves. You may shower as directed by your health care provider.
- Keep your wound clean and dry.

WHAT AFFECTS SCAR FORMATION?

Scars affect each person differently. How your body scars depends on:

- The location and size of your wound.
- Traits that you inherited from your parents (*genetic predisposition*).
- How you take care of your wound. Irritation and inflammation increase the amount of scar formation.
- Sun exposure. This can darken a scar.

WHEN SHOULD I CALL OR SEE MY HEALTH CARE PROVIDER?

Call or see your health care provider if:

- You have redness, swelling, or pain at your wound site.
- You have fluid, blood, or pus coming from your wound.
- You have muscle aches, chills, or a general ill feeling.
- You notice a bad smell coming from the wound.
- Your wound separates after the sutures, staples, or skin adhesive strips have been removed.
- You have persistent nausea or vomiting.
- You have a fever.
- You are dizzy.

WHEN SHOULD I CALL 911 OR GO TO THE EMERGENCY ROOM?

Call 911 or go to the emergency room if:

- You faint.
- You have difficulty breathing.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 09/23/2005 Document Revised: 01/08/2016 Document Reviewed: 09/29/2015
ExitCare® Patient Information ©2016 ExitCare, LLC.

Other Information from Your Hospitalization

MyChart Signup

Jefferson Health MyChart allows you to send messages to your doctor, view your test results, renew your prescriptions, schedule appointments and more. To set up your account:

1. Go to mychart.jefferson.edu and click on the **Sign Up Now** link in the 'New User' box.
2. Enter your MyChart Activation Code exactly as it appears below.
3. To complete the sign up process, enter the last four digits of your Social Security Number and your Date of Birth.

If you do not register in the next 60 days, you must request a new code from your physician.

Jefferson Health MyChart Activation Code: **4MCSQ-VNHQ2-ZVZJ2**

Expires: 8/7/2017 5:20 PM

If you have questions about Jefferson Health MyChart, e-mail mychart@jefferson.edu or visit <https://www.jefferson.edu/mychart>. Remember, Jefferson Health MyChart is not to be used for urgent needs. For medical emergencies, dial 9-1-1.

Diagnoses this visit

Your diagnoses were RASH and PENETRATING THIGH WOUND, RIGHT, INITIAL ENCOUNTER.

Your Inpatient Care Unit

You last received care in the: TJUH ED

Unit phone number: 215-503-4040

These are the Providers who took care of you during your treatment.

Provider	Service	Role	Specialty
Samuel Blake Kluger, MD	--	Attending Provider	Emergency Medicine

The information in this after visit summary is up to date as of: 6/15/2017 2:24 PM.

Thank You

Thank you for choosing Jefferson Health!

Caring for you during your stay has been a great privilege. When you place your faith and trust in Jefferson, every single person who meets you, recognizes it as a responsibility, one we take very seriously.

Patient Experience Survey

No one knows better than you, what it's like being a *patient* at Jefferson. Your opinions and views matter to us, and they can have a positive impact on how we deliver care. We ask that you take a few minutes once you get home, to help us better understand what your patient experience was really like. You'll be receiving a short survey form in the mail that will ask you specific questions. We appreciate your candid answers and will use them in our ongoing pursuit of service excellence.

If you have any questions or concerns about the patient experience that you have received, please call:

Jefferson Office of Patient and Family Experience at (215) 955-7777

or

Methodist Hospital Patient Relations/Services department at (215) 952-9987

Please know that you leave our hospital with the very best wishes of our entire staff.

Marsha F Stroman

No relevant events scheduled for this patient from June 2017 through July 2017.

ER
Nurse: Valentina Sciulli RN

TJUH ED
Phone: 215-503-4040
111 South 11th Street
Philadelphia PA 19107

Date: Jun 15, 2017

Patient Name: Marsha F Stroman

Sex: Female

Address: 22 S 22ND ST APT 1107 MRN: 00941007
PHILADELPHIA PA 19103-3025

Home phone: 215-869-6566 **DOB:** 01/18/1953

Rx: hydrocortisone 2.5 % lotion Order ID
(42310005)
Route: topical

Sig: Apply topically 2 (two) times a day.

Qty: **50 (Fifty) mL**
Refill: **0 (Zero)**

Electronically signed by: Tara Cepullio, CRNP
NPI: 1033528500

Ordering: Tara Cepullio, CRNP
Security features: line below e-signature is micro font text, (**) border for quantity and refill amount, this description.

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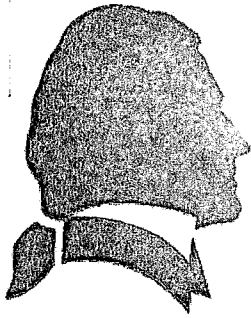
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JeffersonTM

HEALTH IS ALL WE DO

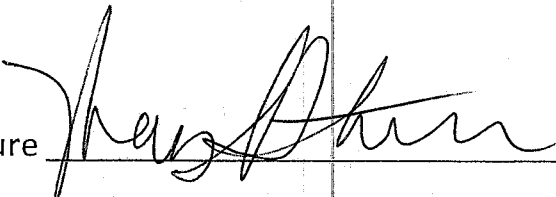
Jefferson Urgent Care in Rittenhouse

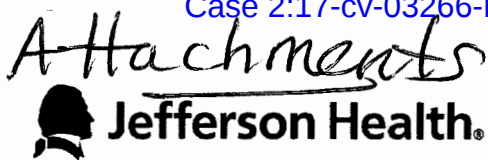
2021 Chestnut Street

Philadelphia, PA 19103

267-443-2020

Balance for today's visit is \$0.00

Signature  Date 8/8/2017



Marsha F Stroman

About Your Visit

You were admitted on: June 8, 2017
You were discharged on: June 8, 2017

You last received care in the: UC RITTENHOUSE
Unit phone number: 267-443-2020

Diagnoses

Dental caries extending into pulp
Dental abscess
Viral upper respiratory tract infection
Cough
Essential hypertension

Vital Signs

BP 154/81	Pulse 80	Temp 98 °F (36.7 °C) (Oral)	Respirations 20	Height 5' 1" (1.549 m)	Weight 263 lb (119 kg)
Last Period 05/23/2017	SpO2 97%	BMI 49.69 kg/m2	Smoking Status Former Smoker		

Medication List

START taking these medications

clindamycin 150 mg capsule

Commonly known as: CLEOCIN

Take 2 capsules (300 mg total) by mouth every 6 (six) hours for 7 days.

Where to Get Your Medications

These medications were sent to Jefferson Pharmacy -

833 Chestnut Street, Philadelphia PA

~~833 Chestnut~~ 1826 Chestnut

19107

Phone: 215-955-4400

? ☐ clindamycin 150 mg capsule

(300 mg)

If you have any questions about this medication list, please talk to your doctor at your next appointment. You may use this form to make notes about any medications that you have stopped or started taking, including over the counter medications. Bring the form with you to the appointment as a reminder to discuss with your doctor.

Allergies

Allergen
Penicillin G
unknown

Date Reviewed: 6/8/2017

Reactions
Other (see comments)

Penicillins

Not Noted

Discharge Instructions

Pt. was provided general instructions on the presenting illness/injury and medical treatment plan. Pt. advised to follow-up in 2-3 days WITH DENTIST, unless better, and return to office sooner if problems arise, or go directly to the emergency room. Pt. expressed understanding of discharge instructions.

TAKE ANTIBIOTIC AS DIRECTED
TYLENOL OR ADVIL AS NEEDED FOR PAIN
ICE PACK OR COOL COMPRESSES TO DECREASE SWELLING OF CHEEK
MUST BE SEEN BY DENTIST ASAP.
COOL MIST VAPORIZER IN ROOM WHILE SLEEPING
PLENTY OF FLUIDS
USE EXPECTORANT COUGH MED EVERY 4 HRS TO HELP THIN MUCUS (ROBITUSSIN/ROBITUSSIN DM, MUCINEX, ex)
1) USE SALINE NASAL SPRAY SEVERAL TIMES DAILY TO HELP CLEAR OUT MUCUS.
2) USE NASAL STEROID SPRAY (FLONASE, NASOCORT, RHINOCORT) NASAL SPRAY AFTER SALINE NASAL RINSE EACH AM.
3) USE OTC NASAL DECONGESTANT SPRAY (AFRIN) TWICE A DAY FOR 2-3 DAYS IF CONGESTED OR use ORAL DECONGESTANT AS NEEDED
WATCH FOR FEVER > 100.6 OR CHANGE IN MUCUS FROM CLEAR, YELLOW/GREEN TO BROWN, BLOODY OR RUST COLORED

Dental Caries

Dental caries (also called tooth decay) is the most common oral disease. It can occur at any age but is more common in children and young adults.

HOW DENTAL CARIES DEVELOPS

The process of decay begins when bacteria and foods (particularly sugars and starches) combine in your mouth to produce plaque. Plaque is a substance that sticks to the hard, outer surface of a tooth (*enamel*). The bacteria in plaque produce acids that attack enamel. These acids may also attack the root surface of a tooth (*cementum*) if it is exposed. Repeated attacks dissolve these surfaces and create holes in the tooth (*cavities*). If left untreated, the acids destroy the other layers of the tooth.

RISK FACTORS

- Frequent sipping of sugary beverages.
- Frequent snacking on sugary and starchy foods, especially those that easily get stuck in the teeth.
- Poor oral hygiene.
- Dry mouth.
- Substance abuse such as methamphetamine abuse.
- Broken or poor-fitting dental restorations.
- Eating disorders.
- Gastroesophageal reflux disease (GERD).
- Certain radiation treatments to the head and neck.

SYMPTOMS

In the early stages of dental caries, symptoms are seldom present. Sometimes white, chalky areas may be seen on the enamel or other tooth layers. In later stages, symptoms may include:

- Pits and holes on the enamel.
- Toothache after sweet, hot, or cold foods or drinks are consumed.
- Pain around the tooth.
- Swelling around the tooth.

DIAGNOSIS

Most of the time, dental caries is detected during a regular dental checkup. A diagnosis is made after a thorough medical and dental history is taken and the surfaces of your teeth are checked for signs of dental caries.

Sometimes special instruments, such as lasers, are used to check for dental caries. Dental X-ray exams may be

taken so that areas not visible to the eye (such as between the contact areas of the teeth) can be checked for cavities.

TREATMENT

If dental caries is in its early stages, it may be reversed with a fluoride treatment or an application of a remineralizing agent at the dental office. Thorough brushing and flossing at home is needed to aid these treatments. If it is in its later stages, treatment depends on the location and extent of tooth destruction:

- If a small area of the tooth has been destroyed, the destroyed area will be removed and cavities will be filled with a material such as gold, silver amalgam, or composite resin.
- If a large area of the tooth has been destroyed, the destroyed area will be removed and a cap (*crown*) will be fitted over the remaining tooth structure.
- If the center part of the tooth (*pulp*) is affected, a procedure called a root canal will be needed before a filling or crown can be placed.
- If most of the tooth has been destroyed, the tooth may need to be pulled (*extracted*).

HOME CARE INSTRUCTIONS

You can prevent, stop, or reverse dental caries at home by practicing good oral hygiene. Good oral hygiene includes:

- Thoroughly cleaning your teeth at least twice a day with a toothbrush and dental floss.
- Using a fluoride toothpaste. A fluoride mouth rinse may also be used if recommended by your dentist or health care provider.
- Restricting the amount of sugary and starchy foods and sugary liquids you consume.
- Avoiding frequent snacking on these foods and sipping of these liquids.
- Keeping regular visits with a dentist for checkups and cleanings.

PREVENTION

- Practice good oral hygiene.
- Consider a dental sealant. A dental sealant is a coating material that is applied by your dentist to the pits and grooves of teeth. The sealant prevents food from being trapped in them. It may protect the teeth for several years.
- Ask about fluoride supplements if you live in a community without fluorinated water or with water that has a low fluoride content. Use fluoride supplements as directed by your dentist or health care provider.
- Allow fluoride varnish applications to teeth if directed by your dentist or health care provider.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 09/09/2003 Document Revised: 01/08/2016 Document Reviewed: 12/20/2013
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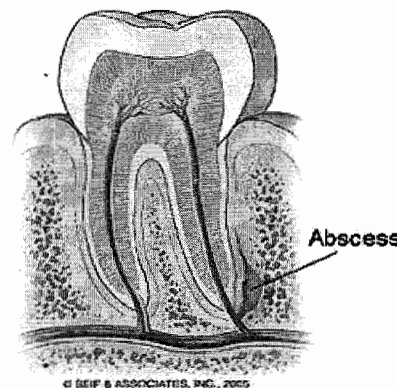
Dental Abscess

A dental abscess is a collection of infected fluid (*pus*) from a bacterial infection in the inner part of the tooth (*pulp*). It usually occurs at the end of the tooth's root.

CAUSES

- Severe tooth decay.
- Trauma to the tooth that allows bacteria to enter into the pulp, such as

Stroman, Marsha F (MR # 00941007) DOB: 01/18/1953 Printed at 6/8/17 6:06 PM



a broken or chipped tooth.

SYMPTOMS

- Severe pain in and around the infected tooth.
- Swelling and redness around the abscessed tooth or in the mouth or face.
- Tenderness.
- Pus drainage.
- Bad breath.
- Bitter taste in the mouth.
- Difficulty swallowing.
- Difficulty opening the mouth.
- Nausea.
- Vomiting.
- Chills.
- Swollen neck glands.

DIAGNOSIS

- A medical and dental history will be taken.
- An examination will be performed by tapping on the abscessed tooth.
- X-rays may be taken of the tooth to identify the abscess.

TREATMENT

The goal of treatment is to eliminate the infection. You may be prescribed antibiotic medicine to stop the infection from spreading. A root canal may be performed to save the tooth. If the tooth cannot be saved, it may be pulled (*extracted*) and the abscess may be drained.

HOME CARE INSTRUCTIONS

- Only take over-the-counter or prescription medicines for pain, fever, or discomfort as directed by your caregiver.
- Rinse your mouth (*gargle*) often with salt water ($\frac{1}{4}$ tsp salt in 8 oz [250 ml] of warm water) to relieve pain or swelling.
- **Do not** drive after taking pain medicine (*narcotics*).
- **Do not** apply heat to the outside of your face.
- Return to your dentist for further treatment as directed.

SEEK MEDICAL CARE IF:

- Your pain is not helped by medicine.
- Your pain is getting worse instead of better.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have a fever or persistent symptoms for more than 2-3 days.
- You have a fever and your symptoms suddenly get worse.
- You have chills or a very bad headache.
- You have problems breathing or swallowing.
- You have trouble opening your mouth.
- You have swelling in the neck or around the eye.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

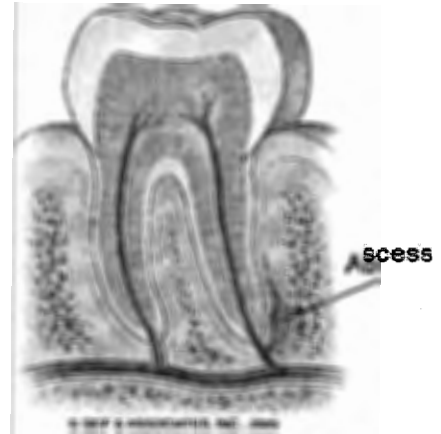
Document Released: 12/18/2006 Document Revised: 09/11/2013 Document Reviewed: 03/27/2012
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Abscessed Tooth

An abscessed tooth is an infection around your tooth. It may be caused by holes or damage to the tooth (*cavity*) or a dental disease. An abscessed tooth causes mild to very bad pain in and around the tooth. See your dentist right away if you have tooth or gum pain.

HOME CARE

- Take your medicine as told. Finish it even if you start to feel better.
- **Do not** drive after taking pain medicine.
- Rinse your mouth (*gargle*) often with salt water (¼ teaspoon salt in 8 ounces of warm water).
- **Do not** apply heat to the outside of your face.



GET HELP RIGHT AWAY IF:

- You have a temperature by mouth above 102° F (38.9° C), not controlled by medicine.
- You have chills and a very bad headache.
- You have problems breathing or swallowing.
- Your mouth will not open.
- You develop puffiness (*swelling*) on the neck or around the eye.
- Your pain is not helped by medicine.
- Your pain is getting worse instead of better.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 06/05/2009 Document Revised: 03/11/2013 Document Reviewed: 03/27/2012
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Cough, Adult

A cough is a reflex that helps clear your throat and airways. It can help heal the body or may be a reaction to an irritated airway. A cough may only last 2 or 3 weeks (*acute*) or may last more than 8 weeks (*chronic*).

CAUSES

Acute cough:

- Viral or bacterial infections.

Chronic cough:



- Infections.
- Allergies.
- Asthma.
- Post-nasal drip.
- Smoking.
- Heartburn or acid reflux.
- Some medicines.
- Chronic lung problems (COPD).
- Cancer.

SYMPTOMS

- Cough.
- Fever.
- Chest pain.
- Increased breathing rate.
- High-pitched whistling sound when breathing (*wheezing*).
- Colored mucus that you cough up (*sputum*).

TREATMENT

- A bacterial cough may be treated with antibiotic medicine.
- A viral cough must run its course and will not respond to antibiotics.
- Your caregiver may recommend other treatments if you have a chronic cough.

HOME CARE INSTRUCTIONS

- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. Use cough suppressants only as directed by your caregiver.
- Use a cold steam vaporizer or humidifier in your bedroom or home to help loosen secretions.
- Sleep in a semi-upright position if your cough is worse at night.
- Rest as needed.
- Stop smoking if you smoke.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have pus in your sputum.
- Your cough starts to worsen.
- You cannot control your cough with suppressants and are losing sleep.
- You begin coughing up blood.
- You have difficulty breathing.
- You develop pain which is getting worse or is uncontrolled with medicine.
- You have a fever.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Upper Respiratory Infection

Most upper respiratory infections (URIs) are a viral infection of the air passages leading to the lungs. A URI affects the nose, throat, and upper air passages. The most common type of URI is nasopharyngitis and is typically referred to as "the common cold."

URIs run their course and usually go away on their own. Most of the time, a URI does not require medical attention, but sometimes a bacterial infection in the upper airways can follow a viral infection. This is called a secondary infection. Sinus and middle ear infections are common types of secondary upper respiratory infections.

Bacterial pneumonia can also complicate a URI. A URI can worsen asthma and chronic obstructive pulmonary disease (COPD).

Sometimes, these complications can require emergency medical care and may be life threatening.

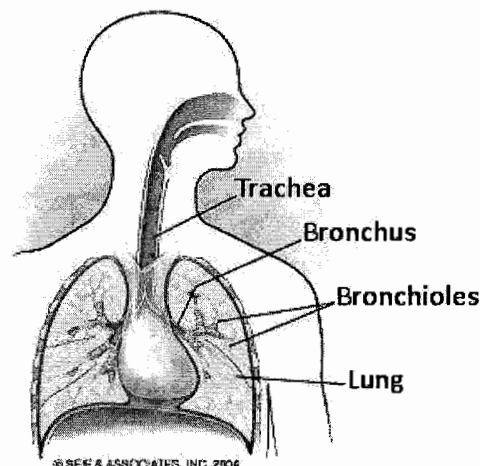
CAUSES

Almost all URIs are caused by viruses. A virus is a type of germ and can spread from one person to another.

RISKS FACTORS

You may be at risk for a URI if:

- You smoke.
- You have chronic heart or lung disease.
- You have a weakened defense (*immune*) system.
- You are very young or very old.
- You have nasal allergies or asthma.
- You work in crowded or poorly ventilated areas.
- You work in health care facilities or schools.



SIGNS AND SYMPTOMS

Symptoms typically develop 2-3 days after you come in contact with a cold virus. Most viral URIs last 7-10 days. However, viral URIs from the influenza virus (flu virus) can last 14-18 days and are typically more severe. Symptoms may include:

- Runny or stuffy (*congested*) nose.
- Sneezing.
- Cough.
- Sore throat.
- Headache.
- Fatigue.
- Fever.
- Loss of appetite.
- Pain in your forehead, behind your eyes, and over your cheekbones (sinus pain).
- Muscle aches.

DIAGNOSIS

Your health care provider may diagnose a URI by:

- Physical exam.
- Tests to check that your symptoms are not due to another condition such as:

- ◆ Strep throat.
- ◆ Sinusitis.
- ◆ Pneumonia.
- ◆ Asthma.

TREATMENT

A URI goes away on its own with time. It cannot be cured with medicines, but medicines may be prescribed or recommended to relieve symptoms. Medicines may help:

- Reduce your fever.
- Reduce your cough.
- Relieve nasal congestion.

HOME CARE INSTRUCTIONS

- Take medicines only as directed by your health care provider.
- Gargle warm saltwater or take cough drops to comfort your throat as directed by your health care provider.
- Use a warm mist humidifier or inhale steam from a shower to increase air moisture. This may make it easier to breathe.
- Drink enough fluid to keep your urine clear or pale yellow.
- Eat soups and other clear broths and maintain good nutrition.
- Rest as needed.
- Return to work when your temperature has returned to normal or as your health care provider advises. You may need to stay home longer to avoid infecting others. You can also use a face mask and careful hand washing to prevent spread of the virus.
- Increase the usage of your inhaler if you have asthma.
- **Do not** use any tobacco products, including cigarettes, chewing tobacco, or electronic cigarettes. If you need help quitting, ask your health care provider.

PREVENTION

The best way to protect yourself from getting a cold is to practice good hygiene.

- Avoid oral or hand contact with people with cold symptoms.
- Wash your hands often if contact occurs.

There is no clear evidence that vitamin C, vitamin E, echinacea, or exercise reduces the chance of developing a cold. However, it is always recommended to get plenty of rest, exercise, and practice good nutrition.

SEEK MEDICAL CARE IF:

- You are getting worse rather than better.
- Your symptoms are not controlled by medicine.
- You have chills.
- You have worsening shortness of breath.
- You have brown or red mucus.
- You have yellow or brown nasal discharge.
- You have pain in your face, especially when you bend forward.
- You have a fever.
- You have swollen neck glands.
- You have pain while swallowing.
- You have white areas in the back of your throat.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have severe or persistent:

Headache.

Ear pain.

Sinus pain.

Chest pain.

- You have chronic lung disease and any of the following:

Wheezing.

Prolonged cough.

Coughing up blood.

A change in your usual mucus.

- You have a stiff neck.

- You have changes in your:

Vision.

Hearing.

Thinking.

Mood.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 06/13/2002 Document Revised: 01/08/2016 Document Reviewed: 03/25/2015
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Follow-up Information

Follow up with Deborah K Witt, MD in 1 week.

Specialties: Family Medicine, Gynecologic Oncology

Why: IF NO IMPROVEMENT OF SYMPTOMS, FOR RE-EVALUATION

Contact information:

833 Chestnut Street

Suite 301

Philadelphia PA 19107

215-955-7190

Follow up with DENTIST. Go in 1 day.

Why: IF NO IMPROVEMENT OF SYMPTOMS, FOR RE-EVALUATION

Other Info from Your Visit

Providers Who Cared for You

Laurence John Anderson, DO

The information in this after visit summary is up to date as of: 6/8/2017 6:06 PM.

MyChart Signup

Jefferson Health MyChart allows you to send messages to your doctor, view your test results, renew your prescriptions, schedule appointments and more. To set up your account:

1. Go to mychart.jefferson.edu and click on the **Sign Up Now** link in the 'New User' box.
2. Enter your MyChart Activation Code exactly as it appears below. -

MyChart Signup (continued)

3. To complete the sign up process, enter the last four digits of your Social Security Number and your Date of Birth.

If you do not register in the next 60 days, you must request a new code from your physician.

Jefferson Health MyChart Activation Code: **4MCSQ-VNHQ2-ZVZJ2**

Expires: 8/7/2017 5:20 PM

If you have questions about Jefferson Health MyChart, e-mail mychart@jefferson.edu or visit <https://www.jefferson.edu/mychart>. Remember, Jefferson Health MyChart is not to be used for urgent needs. For medical emergencies, dial 9-1-1.



Business Services

T 215.955.6480 F 215.503.9163

April 18, 2017

MARSHA STROMAN
22 SOUTH 22ND STREET
PHILADELPHIA, PA 19103

Patient Name: MARSHA STROMAN
Date of Service: 12/06/2016
Account Number: 43159674
Balance Due: \$21.63

Dear MARSHA STROMAN,

Per your request, enclosed please find an itemized bill or UB-04 (Universal Bill) for services rendered at Thomas Jefferson Univ Hospital.

If our office may be of further assistance, please contact our Patient Financial Services Department at (215) 955-1042.

Thank you for choosing Thomas Jefferson Univ Hospital for your healthcare needs.

Sincerely,

Patient Financial Services

Marsha C. Stroman
Sidney Hillman Apartments
22 South 22nd Street, #1107
Philadelphia, Pennsylvania 19103
Telephone: (215) 869-6566

March 4, 2016

Ms. Lisa Marie Warner
Property Manager
Sidney Hillman Apartments
22 South 22nd Street
Philadelphia, Pennsylvania 19103

RE: New Tenant/Issues (re: Mr. Jay & Mr. Tony, MAINTENANCE MEN)

Dear Ms. Warner: (Ms. Lisa)

Please, I must say this, and say it a trillion times....**"THANK YOU!"**

I hold a special place in my heart and prayers for you, as you were extremely kind to accept my application as a *market-rate-paying* tenant at Sidney Hillman Apartments recently, I am eternally grateful to you, and Ms. Anna in your *corporate office*.

I truly thank you for the way you welcomed me and adhered to my concerns with the bathroom that was not available for use nor was it cleaned, etc....I especially appreciate the way you handled the frightening episode of the guard (*identifide himself as Anthony, Security, not mainetance*) banging on my door close to midnight, saying that the office instructed him to give me some ^{type} of document, however, that was a very unprofessional and distrubing ordeal awakening me at that time of night. (11:45 pm)

I sincerely thank you again, however, bouts such as that, has not totally ceased, as the following day, I had an encounter with your *maintenance man (Tony)* who charged me, verbally and physically upon my opening the apartment door. I had to immediately, request him to go back outside the door and re-enter in a professional speaking and behavior-like manner. However, I instead suggested that he leave, and not return to the apartment. Upon bringing it to your attention, I also completed a complaint form. He is very rude, to this day, though we have no verbal communication, his facial expressions says enough and that is fine with me. I appreciate how you requested Mr. Raymond and Mr. Jose to come and re-do the 'messy' unfinished job that Mr. Tony, (Maintenance man) performed in the bathroom leaving two huge holes in the wall, etc.. **Mr. Raymond is an extremely kind, professional, soft spoken man who knows the ins and outs of performing janitorial and maintenance tasks. I thank you again for him and Mr. Jose.**

Per our conversation this past Friday, I am contacting you, for always showing your concern and professional resolutions to whatever issues I address with you. As I stated during our conversation, two of *your very, very professional and fine maintenance employees, Mr. Jose and Mr. Miguel were kind*

Ms. Lisa Marie Warner, Property Manager
Sidney Hillman Apartments, Page Two, March 4, 2016

enough to assist me with removing items a U-Haul van, as my scheduled help was delayed, and time was of the essence. Therefore, the two men kindly came to my aide and I truly thanked them and offered to pay them for assisting me, for most of thirty five plus minutes. In the interim, my belongings were placed on the tenants elevator, since the freight elevator was out of service, leaving room for my items to be stolen, etc.

Upon standing at the front desk, observing the security cameras, I spotted your maintenance employee (Mr. Jay), walk into the elevator, where my items were being placed, he bowed to pick up an item(s), placing his hand over the camera, once he obtained what he wanted, the camera showed him walking out the elevator where my belongings were. I immediately went down to the loading dock area where my belongings were, with my adopted mother. We both, witnessed Mr. Jay coming out of a back door, about to walk past us, with my computer tower in his arm. I asked him what was he doing, and informed him that he was carrying my computer tower, and why. He informed me that he was cleaning it, I told him it didn't need to be cleaned, and that he had no business touching my things. He was **caught red handed** and about to walk out of the area with my computer tower. He began to yell and became argumentive, until my adopted mother asked him to "leave her alone." Also, a very sentimental African vase of mine was missing, until I threatened to phone the Police, shortly thereafter, it was returned to me, however, cracked and broken.

The only consolation I had was that I could continue to share my concerns with you, as the Property Manager, believing and trusting that you would oversee this situation and pray that some kind of action(s) will be taken upon Mr. Jay. I am saddened, of the stories I over-hear from some of the elderly women, mostly African American on the elevators, community room and at the mail boxes, share how they do not want Mr. Jay and, some mention, Mr. Tony (Maintenance Man) **not** to enter their apartments, as they make more damage, than what the initial problem was. These seniors have paid their dues to society, they have worked most of their lives, they are lonely, and tired a lot of them, and they should be able to come home to a secure and quiet orderly apartment. I pray you will consider making this a continued comfort zone for your tenants. I adore you Ms. Lisa, and will assist you in any way, if need be.

I enjoy this wonderful, elegant, quiet building, and I pray and plan to remain a tenant, however, I wanted to bring these concerns to your attention, in hopes that they will be halted in an immediate manner. If I can be of any assistance to you and/or your staff, please don't hesitate to inform me at any hour. I adore your professionalism Ms. Lisa, and your staff is very attentive and professional, especially Ms. Brooks, Ms. Cheryl, Ms. Shanice, and especially Mr. Raymond and Mr. Jose and Mr. Miguel. I, however, I have different thoughts when it come to Mr. Jay and Mr. Tony(Maintenance). They behave in a child-like manner instead of professional janitorial/maintenance employees.

Thank you in advance for your continued assistance. May God bless and keep you, with all that you have to endure, in such a huge building, with such needy, special-needs tenants. Do enjoy the rest of your day!

Sincerely,

Marsha Cooper Stroman, New Tenant

Shanice Kielt

From: Shanice Kielt
Sent: Tuesday, April 5, 2016 10:45 AM
To: LisaMarie Warner
Subject: RE: Sidney - Stroman, Marsha

Hey-

Ms. Stroman stated that "it is not necessary to meet a week away with you . Please inform Mr. Mitch Gilliam, Jay, and Tony that the proper way to adhere to request, is to knock, enter and behave professionally and respectfully at ALL times. They are welcome to come and do a professional job, however, they MUST call prior to coming." Ms. Stroman states that "she appreciates you, and has much gratitude". (215) 869-6566

-Shanice

From: LisaMarie Warner
Sent: Monday, April 4, 2016 5:02 PM
To: Shanice Kielt <skielt@prudentproperty.com>
Subject: Sidney - Stroman, Marsha

Good evening Shanice,

Sure we can meet with her. When???

Thank You,

LisaMarie Warner
Property Manager
Sidney Hillman Apartments
22 South 22nd Street
Philadelphia, PA 19103
Telephone: 215.561.1729
Fax: 215.561.4644
&
Philip Murray House I & II
6300 Old York Road
Philadelphia, PA 19141
Telephone: 215.927.7070
Fax: 215.924.2774
E-Mail: lwarn@prudentproperty.com

Ms. Lisa

Incident Report for Resident Dispute

To Maintenance / Ms. Lisa (Manager)

~~To Resident:~~

Use this form to report a complaint about another resident. Please tell us what happened by filling in the blank below. Then sign the form and give to the Office Staff.

Your Name: Marsha StromanYour Apt. # 1107Name of the Resident - complaint is about: Mr. Mitch/GilliamApt. # 1119 (Mr. Drake's Apt. (Deceased))

Please describe what happened:

* You heard. (Gloria) I began to get
Mitch yelling. (Gloria) upset after Mitch beha
Mr. Mitch yelled at me
& threatened me with meetings
and derogative comments in
the hall. Please stop his
behavior, especially in public.

Mr. Drake's (Sister) Gloria
is his sister who "gave"
away contents of the apartment
to mostly Asian tenants etc.
Mr. Mitch had his selection
of items to the side, i.e. Bar w/ stool,
clothes, glasses etc. He became
upset after a couple arrived
to pick up items promised by
Gloria.

Where did this happen? Floor 11On what date 9/9/16 At what time of the day 2:20

Resident Signature

Marsha Stroman

Date:

9/9/16

* addendum



Ms Gloria demanded that she
get her \$1200.00 and wanted
w/ Mitch, who

**SIDNEY HILLMAN APARTMENTS
REQUEST FOR REASONABLE
ACCOMMODATION/MODIFICATION FORM**

Sidney Hillman Apartments is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make every reasonable accommodation in our rules, policies, practices or services when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing. If you are requesting such an accommodation, please fill out this form and return it to the management office.

Date of Request:

8/29/2016

Name of Applicant/Resident:

Stroman, Marsha

Address:

22 South 22ND Street, Apt. #1107

City/State/Zip Code:

Phila., PA 19103

Person completing form:

Stroman, Marsha

Please describe the reasonable accommodation/modification that you (or applicant/resident) are requesting:

(Hand Shower)
(Hand Wall Bar near faucet)
Painted Bathroom has paint stuck to my body. Cannot use shower to cover my body to clean properly. Cannot take sit down bath due to white paint chips getting on body and towels. Thank You.

Do you consider yourself to be disabled?

Yes

No

[continue to page 2]

The fair housing Act defines "disability" as a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most individuals' daily lives.

Please describe how the requested accommodation/modification is necessary to your use and enjoyment of your unit and housing situation. (If needed, you may write on the back of this form or attach additional sheets of paper.)

Wall, A "side hand rail" (wood) in shower and a "hand held shower hose" is needed. I am disabled standing in tub & shower area, near faucet in tub due to painted tub, white paint chips get on my body and eyes from tub and wash cloths.
Thank you.

Signature of Applicant/Resident:



Signature of Person Completing Form (if different):

Date: 8/29/2016

Please return this request to the SHA Property Manager or his/her designee, along with a completed Authorization for Release of Information Form

Ms. Lisa Warner (Manager)

Incident Report for Resident Dispute

To Resident:

Use this form to report a complaint about another resident. Please tell us what happened by filling in the blank below. Then sign the form and give to the Office Staff.

Your Name: Marsha StromanYour Apt. # 1107Name of the Resident - complaint is about: Helen DendridgeApt. # ?

Please describe what happened:

Ms. Helen Dendridge (Bully)
 came out of the Ladies Room in the "Community Room" with a smell of "cigarette (smoke)" coming out and on her clothes and breath, causing me to have a ~~smoke~~ smoke and breathing attack. Said she had to "shit".

She immediately began yelling and cursing at me telling me to go to my "empty apartment." She has never been in my apartment and I have never talked about my apartment to her. Only maintenance men and Ms. Shantece has ever been in my apartment. The "Hippa Law" is so crucial, to tenants and management.

I am praying I do not have to go to the emergency room because of asthmatic and breathing symptoms/reactions to her smoking in Bathroom.

Please make her leave me alone if she can't act like a respectful tenant.

Where did this happen? community RoomOn what date 7/30/2016 At what time of the day 8:45 pm

Resident Signature

Marsha StromanDate: 7/30/2016

Please "make" her stop cursing and threatening me. I try feeding her



and helping, she only takes it for granite and behaving like ~~a~~ a bully! ~~there~~ you

After Ralph - ~~MS. Anna~~ → Yelling and calling me names

MS. Anna is having some issues of rage and anger
Incident Report for Resident Dispute

To Resident:

Use this form to report a complaint about another resident. Please tell us what happened by filling in the blank below. Then sign the form and give to the Office Staff.

Your Name: Marsha Stroman

Your Apt. # 1107

Name of the Resident - complaint is about:

Apt. # Mezzanine Apt # - 07, I believe.

Please describe what happened:

She began yelling and frowning and pointing, screaming at me, as I was trying to get her attention re: a church she was sharing with me previously. She was rude and began screaming and yelling, to the top of her lungs at me, causing friction and a scene in the lobby. I have no plans to converse with her regarding church, etc., again.

Where did this happen?

On what date 7-1-2016 At what time of the day 6:25 pm

Resident Signature Marsha Stroman

Date: 7-1-2016

P.S. I thought I heard her

call me the "N" word



Marsha Stroman

Incident Report for Resident Dispute

To Resident:

Use this form to report a complaint about another resident. Please tell us what happened by filling in the blank below. Then sign the form and give to the Office Staff.

Your Name: Marsha Strommon

Your Apt. # 1107

Name of the Resident - complaint is about: Mitch Gilliam (Supervisor Maintenance)

~~APR~~ continued *

Please describe what happened:

to talk about
two of the maintenance workers
Anthony and Jay, of whom I've
(Tony)
had concerns with since my first
day residing here, aggressive-disrespectful
He began to change his demeanor,
with harsh words indicating
that these two men will
not work in my apartment,
immediately responded, "great"
which was my
request to the Property Manager
Mrs. Lisa M. Warner who indicated
that she agreed to have Mr. Ray/Mr. Jose help.
He began to say they were nice
and were "DeNavet's Witnesses"
as if to say they were perfect
men. I took that to be perfect
offensive somewhat, what does
religion have to do with
anything, I have found all three
men to be very disrespectful,
incompetent with maintenance responsibilities,
etc.

Where did this happen? at my apartment

On what date 4/4/2016 At what time of the day early morning

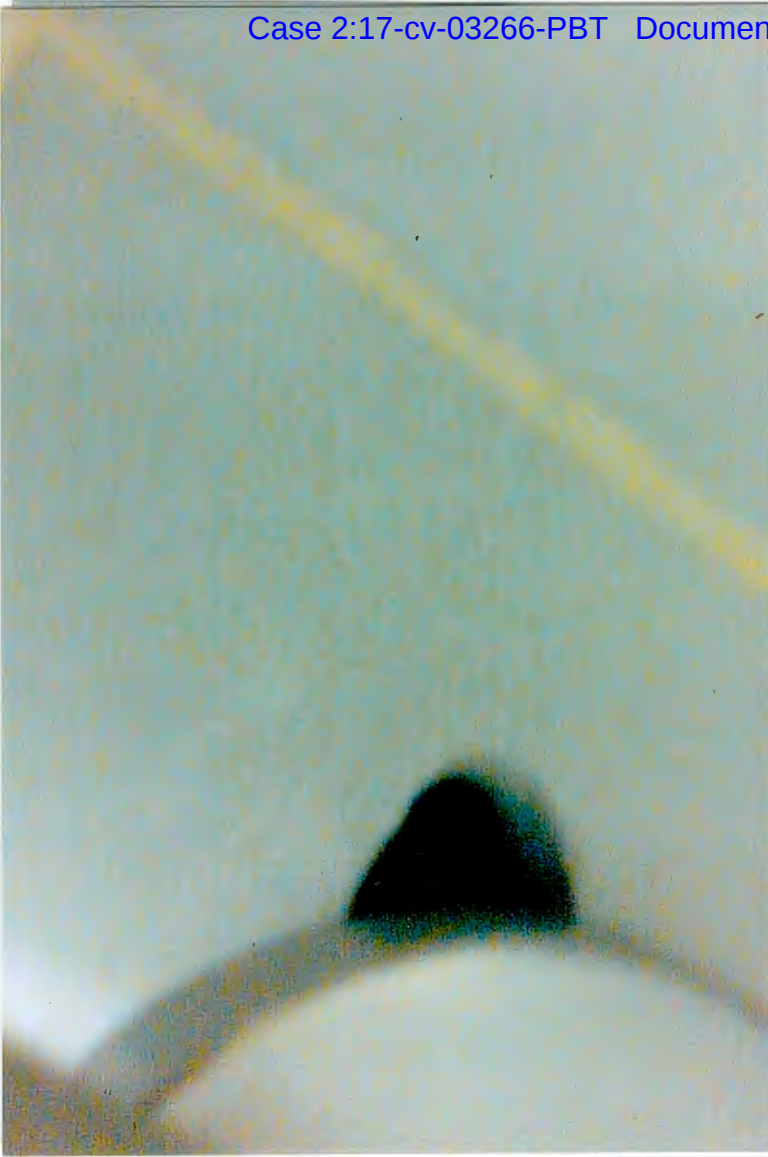
Resident Signature Marsha Strommon

Date: 4/4/2016

P.S. Ms. Lisa, please make



Mr. Mitch Gilliam, etc., stop harassing
 me



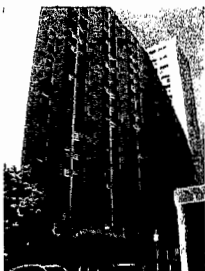
Lisa
Sidney Hillman

J. (Smoking, left cart
outside) 3/8/2016
the door 8:45 AM
sat there

smell of
strange smoke
until I
opened & shut
the door.

Silver
Script
(281)
784608

Shortly thereafter,
Miguel got off the
elevator, dressed in
long white coat, at
about 9 AM, walked
into the trash
area, and came out
on the other side and
went back on the
elevator (nothing in
his hand.)



SIDNEY HILLMAN MEDICAL CENTER
 PHILADELPHIA APARTMENTS FOR THE ELDERLY, INC.
 22 SOUTH 22ND STREET
 PHILADELPHIA, PA 19103

INCIDENT REPORT

DATE: March 7, 2016

LOCATION: # 1107

TIME: 8:15 AM (AM/PM)

SECURITY GUARD NAME: Mr. John C. Very

TIME OF INCIDENT: 8:15 AM (AM/PM)

PLACE OF INCIDENT: Outside Apt. 1107

*Nice & Professional
 (Security
 Personnel)*

TYPE OF ACTION:

- SECURITY SUPERVISOR INFORMED? YES NO
- PROPERTY MANAGER INFORMED? YES NO
- NAME OF SECURITY GUARD ON DUTY: Mr. John
- POLICE INFORMED: YES NO
- OFFICER NAME: BADGE#
- AMBULANCE SUMMONED: YES NO
- FIRE DEPARTMENT SUMMONED: YES NO

RESPONSE:

DETAILS OF INCIDENT:

Mr. Mitch (Maintenance Supervisor)
went on a tantrum when
he saw me this morning, as I was
about to put out trash, yelling
and pointing his finger at me,
"you have been nothing but
trouble, since you've been here,
you have been written up five
times" with his fingers stretched open



Incident Report for Resident Dispute

To Resident:

Use this form to report a complaint about another resident. Please tell us what happened by filling in the blank below. Then sign the form and give to the Office Staff.

Your Name: Marsha Stroman

Your Apt. # 1107

Name of the Resident - complaint is about: Mr. Mitch

~~Apt. #~~ Maintenance Supervisor

Please describe what happened:

I was about to throw out a small bag of trash, and was met with Mr. Mitch putting debris on the elevator, when he saw me, he turned and yelled, "you have been nothing but trouble since you've been here." To the top of his lungs in front of tenants, you have five incidents and you are trouble since my first day as a tenant. Mr. Mitch and Mr. Tony (Maintenance) attacked me verbally, as if I were a child. I have never seen such insane, unprofessional behavior from such maintenance personnel.

His threat to me is very uncomfortable, however, all I have portrayed is a kind, courteous demeanor to each and everyone I come in contact with as a tenant. I will "not", "will not" allow Mr. Mitch, Mr. Tony or Mr. Jay to disrespect or verbally abuse me any further. Please address the importance of ~~the~~ respectful manners that must be adhered to at all times towards all tenants!

Where did this happen? (the elevator floor)

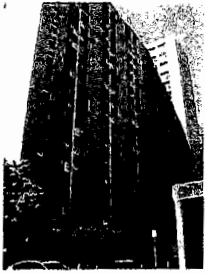
On what date 3/7/2016 At what time of the day 8:15 AM

Resident Signature Marsha Stroman

Date: March 7, 2016
9:00 AM



Acopy For Ms. Lisa also.



SIDNEY HILLMAN MEDICAL CENTER
PHILADELPHIA APARTMENTS FOR THE ELDERLY, INC.
22 SOUTH 22ND STREET
PHILADELPHIA, PA 19103

INCIDENT REPORT

DATE: 4-4-2016
LOCATION: # 1107
TIME: 9:15 (AM/PM) ?

SECURITY GUARD NAME: _____

TIME OF INCIDENT: _____ AM/PM

PLACE OF INCIDENT: Sidney Hillman #1107

TYPE OF ACTION:

- SECURITY SUPERVISOR INFORMED? (YES) NO _____
- PROPERTY MANAGER INFORMED? (YES) NO _____
- NAME OF SECURITY GUARD ON DUTY: _____
- POLICE INFORMED: YES (NO) OFFICER NAME: _____ BADGE# _____
- AMBULANCE SUMMONED: YES (NO)
- FIRE DEPARTMENT SUMMONED: YES (NO)

RESPONSE: Early this morning, at about 9'ish,
Mr. Mitch Hillman of maintenance, knocked
on my apt. door, opened it, he appeared

DETAILS OF INCIDENT:

calm and somewhat professional,
unlike previously, with his shouting,
anger tantrums. He began to address
the issue of my kitchen sink
which had been stopped up with
very slow draining, since my
tenure here as a tenant, 1/6/2016. As the
converation proceeded, Mr. Hillman began
* continued on next page.



Incident Report for Resident Dispute

To Resident:

Use this form to report a complaint about another resident. Please tell us what happened by filling in the blank below. Then sign the form and give to the Office Staff.

Your Name: Marsha Strommen

Your Apt. # 1107

Name of the Resident - complaint is about: Mitch Gilliam (Supervisor Maintenance)

~~APR 11~~ continued *

Please describe what happened:

to talk about
two of his maintenance workers
Anthony and Jay, of whom I've
(Tony)
had concerns with since my first
day residing here, aggressive & disrespectful
He began to change his demeanor,
with harsh words indicating
that these two men will
not work in my apartment,
immediately responded, great "great"
which was my
request to the Property Manager
Mrs. Lisa M. Warren who indicated
that she agreed to have Mr. Ray/Mr. Jose help.
He began to say they were nice
and were "Jealous Witnesses"
as if to say they were perfect
men. I took that to be
offensive somewhat what does
religion have to do with
anything, I have found all three
men to be very disrespectful
incompetent with maintenance responsibilities,
etc.

Where did this happen? at my apartment

On what date 4/4/2016 At what time of the day early morning

Resident Signature Marsha Strommen

Date: 4/4/2016

P.S. Ms. Lisa, please make



Mr. Mitch Gilliam, etc., stop harassing
me



SIDNEY HILLMAN MEDICAL CENTER
PHILADELPHIA APARTMENTS FOR THE ELDERLY, INC.
22 SOUTH 22ND STREET
PHILADELPHIA, PA 19103

2ND Complaint

gone week
after move
in date
1-6-2016

INCIDENT REPORT

DATE: 1-19-2016
LOCATION: The Lobby/Elevator
TIME: 11:36 (AM/PM)

SECURITY GUARD NAME: Ms. Keisha
TIME OF INCIDENT: 11:34 AM (AM/PM)
PLACE OF INCIDENT: The Elevator area

TYPE OF ACTION:

- SECURITY SUPERVISOR INFORMED? YES NO
- PROPERTY MANAGER INFORMED? YES NO
- NAME OF SECURITY GUARD ON DUTY: Ms. Keisha
- POLICE INFORMED: YES NO
- OFFICER NAME: BADGE#
- AMBULANCE SUMMONED: YES NO
- FIRE DEPARTMENT SUMMONED: YES NO

RESPONSE: Ms. Anthony (Maintenance)

Elevator doors were
opened, it was crowded, I was

DETAILS OF INCIDENT: about to get on,

and Anthony (Maintenance) snapped
at me, "are you getting
on or not"! I asked him
not to speak to me in
that tone, which is
how his behavior has been
towards me since my first
tenant, 1-13-2016





SIDNEY HILLMAN MEDICAL CENTER
PHILADELPHIA APARTMENTS FOR THE ELDERLY, INC.
22 SOUTH 22ND STREET
PHILADELPHIA, PA 19103

3-17-2016
"original"

for Ms. Lisa
Property
Manager

INCIDENT REPORT

DATE: March 7, 2016
LOCATION: # 1107
TIME: 8:15 AM (AM/PM)

SECURITY GUARD NAME: Mr. John (Very Nice & Professional)
TIME OF INCIDENT: 8:15 AM (AM/PM)
PLACE OF INCIDENT: Outside Apt. 1107

TYPE OF ACTION:

- SECURITY SUPERVISOR INFORMED? YES NO
- PROPERTY MANAGER INFORMED? YES NO
- NAME OF SECURITY GUARD ON DUTY: Mr. John
- POLICE INFORMED: YES NO
- OFFICER NAME: _____ BADGE# _____
- AMBULANCE SUMMONED: YES NO
- FIRE DEPARTMENT SUMMONED: YES NO

RESPONSE:

Nothing as yet.

DETAILS OF INCIDENT:

Mr. Mitch (Maintenance Supervisor)
went on a tantrum when
he saw me this morning, as I was
about to put out trash, yelling
and pointing his finger at me,
"you have been nothing but
trouble since you've been here!
you have been written up five
times with his fingers stretched open.



A. Self-help eviction practice - any action or threatened action taken, without legal process, by a landlord or a landlord's agents, which is intended to dispossess a tenant from a dwelling unit or prevents the tenant from lawfully occupying the dwelling unit. Such unlawful self-help eviction practices include, but are not limited to:

1. Plugging, changing, adding or removing any lock or otherwise blocking access to a dwelling unit (lockouts).
2. Removing windows and doors from a dwelling unit.
3. Interfering with utility services to the dwelling unit such as electricity, gas, hot/cold water, heat, or telephone service.
4. Forcing a tenant to vacate by use of force or threat of violence or injury to a tenant's person or property.

5. Engaging in any activity or pattern of activity which renders a dwelling unit or any part thereof inaccessible to the tenant.

6. Failing to take reasonable and prompt remedial action to restore access and

DIRECTIVE 3.17- 1



PHILADELPHIA POLICE DEPARTMENT DIRECTIVE 3.17

I contacted police constantly re: Lisa Marie Warner and

her maintenance staff

Issued Date: 04-01-13

Effective Date: 04-01-13

Updated Date:

**SUBJECT: PROHIBITION AGAINST SELF-HELP EVICTION PRACTICES:
PHILADELPHIA CODE 9-1600**

1. POLICY

- A. In order to afford tenants a measure of adequate protection against actual or threatened unlawful self-help eviction practices, police personnel will enforce statutes prohibiting such actions in conformance with the procedures outlined in this Directive.
- B. The Special Advisor to the Police Commissioner is the Department liaison with the Tenants Union Representative Network (TURN) in matters relating to self-help eviction practices.

2. DEFINITIONS

- A. Self-help eviction practice - any action or threatened action taken, without legal process, by a landlord or a landlord's agents, which is intended to dispossess a tenant from a dwelling unit or prevents the tenant from lawfully occupying the dwelling unit. Such unlawful self-help eviction practices include, but are not limited to:
 1. Plugging, changing, adding or removing any lock or otherwise blocking access to a dwelling unit (lockouts).
 2. Removing windows and doors from a dwelling unit.
 3. Interfering with utility services to the dwelling unit such as electricity, gas, hot/cold water, heat, or telephone service.
 4. Forcing a tenant to vacate by use of force or threat of violence or injury to a tenant's person or property.
 5. Engaging in any activity or pattern of activity which renders a dwelling unit or any part thereof inaccessible to the tenant.
 6. Failing to take reasonable and prompt remedial action to restore access and

DIRECTIVE 3.17- 1

habitability to a dwelling unit following any incident of landlord conduct described above.

- B. Dwelling unit - any building or structure, or part thereof, which is used for living or sleeping by human occupants subject to licensing requirements of Philadelphia Code 7-500.
- C. Landlord - leaser of any residential dwelling unit.
- D. Tenant - any person in possession of a dwelling unit for a week-to-week term or any longer term by virtue of a written or oral agreement with a landlord. This includes tenants who have no financial relationship with the landlord (i.e., rent for work or services performed) this term shall not include a traveler or transient guest in a hotel or motel.

3. ENFORCEMENT PROCEDURES

- A. Whenever police personnel are called to a dispute involving a possible self-help eviction practice, police personnel will:
 - 1. Establish the identities (tenant/landlord relationship) of the parties involved. If the landlord is not present, attempt to contact them whenever practical.
 - 2. Issue the "Tenant's Referral Notice" to all concerned parties and request parties to read same.
 - 3. Verify the lawfulness of the eviction action by:
 - a. Requiring the landlord, or the landlord's agent, to produce a copy of the Alias Writ of Possession. This is the legal document, signed by a judge, necessary to effect an eviction.
 - 4. If the landlord is unable to produce a copy of the Alias Writ of Possession:
 - a. Inform the tenant that they are entitled to regain possession of the premises immediately.
 - b. Inform the landlord or their agent to take prompt remedial action to restore access or habitability to the dwelling unit or issue a Non-Traffic Summary Citation (03-8) to the landlord for a violation of the applicable ordinance provision. Inform the landlord or agent that they must obtain writ of possession from Municipal Court in order to have tenant(s) lawfully evicted.

NOTE: Police personnel will not physically assist the tenant in regaining entry. Police will provide stand-by assistance while the tenant regains immediate entry to the dwelling unit.

5. Prepare a Complaint or Incident Report (75-48) listing all pertinent information and action taken by police. A copy will be forwarded to the Special Advisor to the Police Commissioner.
- B. Whenever a landlord or their agent has violated any of the provisions set forth in this Directive, police personnel will:
1. Issue a Non-Traffic Summary Citation (03-8) for a violation of the applicable provision in accordance with current procedures outlined in Directive 12.10, "Summary Offenses". The charge is violation of Philadelphia Code 9-1605, "Self – Help Eviction Practices."
 2. Prepare a Complaint/Incident Report (75-48) listing all pertinent information and action taken by police. A copy will be forwarded to the Special Advisor to the Police Commissioner.

4. PHILADELPHIA CODE ORDINANCE--9-1603: UNLAWFUL SELF-HELP EVICTION PRACTICES

- A. "No landlord or landlord's agent may engage in self-help eviction practices (see Section 2-A) under any circumstances in the City of Philadelphia. The requisite, legal process for lawful eviction must consist of execution of judgment of possession entered by a court of competent jurisdiction in accordance with Pennsylvania State law. Lawful execution of judgment may be performed only by a Sheriff or court-appointed landlord or tenant officer."

5. PHILADELPHIA CODE ORDINANCE -- 9-1604: RESTORATION OF POSSESSION

- A. "Where the tenant alleges a violation of this Chapter, the tenant may contact local police to obtain police assistance in gaining entry. It shall be the duty of the landlord or the landlord's agent to establish that the eviction action undertaken was lawful by making available to the Philadelphia Police Department a copy of the relevant writ of possession or by verifying the existence of the writ to the Police Department, the Sheriff or the court - appointed landlord/tenant officer for verification thereof. The Sheriff and/or the court-appointed landlord/tenant officer shall maintain records of all current execution of writs issued by the Court so that verification of the legal process may be readily obtained.

- B. Where the landlord is unable to produce a copy of the relevant proof of lawful execution of a judgment of possession or other verification thereof, the tenant shall be entitled to regain possession of the premises immediately and the landlord shall be prohibited from blocking or inhibiting re-entry in any way.”

6. PHILADELPHIA CODE ORDINANCE - - 9-1605: PENALTIES

- A. “Any person who engages in self-help eviction activities or who assists in such activities shall be subject to pay a fine or penalty not less than one hundred (\$100) dollars no more than three hundred (\$300) dollars, or to imprisonment not exceeding ninety (90) days for each offense. Each day a violation continues or is permitted to continue shall constitute a separate offense for which a separate penalty shall be imposed. A violation shall cease when the self-help eviction practice ends or when the tenant no longer seeks to exercise his or her rights by regaining possession of said premises.”

RELATED PROCEDURES:	Directive 3.16,	Police Assistance to Writ Servers and Landlord-Tenant Officers
	Directive 12.10,	Issuance of Non-Traffic Summary Citations

BY COMMAND OF THE POLICE COMMISSIONER

OneSite

Page 1 of 1

Sidney Hillman Apartments 22 S 22nd St Philadelphia , PA 19103 (215) 561-5557	Building 00 Unit 1107	Service request 26295-1 Status: In progress Created by: Lisa Warner Submitted: 05/24/2016 3:15PM Printed: 05/25/2016 6:51AM
---	------------------------------	--

Location: Building 00 Unit 1107	Scheduling information
Location information MARSHA F STROMAN 22 South 22nd STREET Apt. 00 1107 PHILADELPHIA, PA 19103 (215) 869-6566 (C) 2158696566 Days occupied:134 Number of requests:16 Floor plan: 0 Bedroom Conventional	Assigned to: JOSE CONCEPCION Priority: Standard PTE: Enter by appointment only Date/time preferred: 08:00 am - 10:00 am Date/time scheduled: 05/25/2016 08:00 am - 10:00 am Complete SR by: 06/23/2016 03:15 pm

Work notes:

Are there any pets? Y / N Type(s):

Request details

Entry notes: No Pet Warnings, No Additional Comments

Issue location: Bathroom

Issue description: Tub, Tub/shower diverter broken

Parts and equipment needed: -

Service comments: Please check diverter if needed please replace.

Actions performed (check all that apply)

<input type="checkbox"/> Adjusted water temperature	<input type="checkbox"/> Cleaned tub	<input type="checkbox"/> Repaired massager pump
<input type="checkbox"/> Repaired plumbing leak	<input type="checkbox"/> Repaired shower door	<input type="checkbox"/> Repaired shower faucet
<input type="checkbox"/> Repaired tub	<input type="checkbox"/> Replaced drain stopper	<input type="checkbox"/> Replaced grab bar
<input type="checkbox"/> Replaced shower curtain	<input type="checkbox"/> Replaced shower door	<input type="checkbox"/> Replaced shower head
<input type="checkbox"/> Replaced shower rod	<input type="checkbox"/> Replaced tub faucet	<input type="checkbox"/> Other, please see comments

Other actions performed:

Date Completed:

Start time	End time	Charge	Status
-------------------	-----------------	---------------	---------------

Parts used

☐ No Access

☐ Due to an emergency, the maintenance staff entered your apartment

Service request # 26295-1
Location Building 00 Unit 1107
Assigned to JOSE CONCEPCION

Re: Mr. Ray
& Mr. Jones

Signed Marsha Stroman Date completed 05/26/2016

I thank you Mrs. Lisa + Mr. Butler for assigning them to assist me with repairs in my apartment. They are two geniuses.

<https://prudentpropmgr.onesite.realpage.com/Facilities/300/Repo...> 5/25/2016

Marsha Stroman
1107

UPS

Spokane to Danville (CA)

California

San Diego

UPS Fax

Chicago (AT&T)

Chicago (Three)
(Canada) - (Three)
858 455 8000
Bureau

Mr. Sam is working
with them.

(404) 828-4900

Corporate Counsel
Restrictions Manager

800 7891

4623

San Diego CA

Rev. Jimmie

715 (504) 224-7444

744 1284

(856) 881-4432

(215) 224-7432

9-11

Birth Fellowship

Baptist Church

2106 65th Ave.

19/38

Latira

Mr. Conroy

3636 N.

Spokane, WA

Spokane, WA

OneSite

Page 1 of 1

Sidney Hillman Apartments22 S 22nd St
Philadelphia, PA 19103
(215) 561-5557**Building 00 Unit 1107****Service request**

26294-1

Status: In progress

Created by: Lisa Warner

Submitted: 05/24/2016 3:15PM

Printed: 05/25/2016 6:50AM

Location: Building 00 Unit 1107

Location information**MARSHA F STROMAN**22 South 22nd STREET Apt. 00 1107
PHILADELPHIA, PA 19103

(215) 869-6566

(C) 2158696566

Days occupied:134 Number of requests:15

Floor plan: 0 Bedroom Conventional

Scheduling information

Assigned to: RAMON DIAZ CRUZ

Priority: Standard

PTE: Enter by appointment only

Date/time preferred: 08:00 am - 10:00 am

Date/time scheduled: 05/25/2016 08:00 am - 10:00 am

Complete SR by: 06/23/2016 03:15 pm

Work notes:

Are there any pets? Y / N Type(s):

Request details**Entry notes:** No Pet Warnings, No Additional Comments**Issue location:** Bathroom**Issue description:** Vinyl tile, Vinyl flooring needs replace**Parts and equipment needed:** -**Service comments:** Please replace bathroom floor tile.**Actions performed** (check all that apply)☐ Caulked tile☐ Cleaned tile☐ Installed new tile☐ Repaired damaged tile☐ Repaired loose tile☐ Replaced tile☐ Waxed tile☐ Other - Please see completion notes☐ Other, please see comments**Other actions performed:****Date Completed:****Start time****End time****Charge****Status****Parts used**☐ No Access☐ Due to an emergency, the maintenance staff entered
your apartment

Service request # 26294-1

Location Building 00 Unit 1107

Assigned to RAMON DIAZ CRUZ

Signed

Date completed

05/25/2016

Very kind and extremely professional,
they are a true asset to this
company. Mr. Ray + Mr. Jose Thank you
no. from

RESIDENTIAL LEASE

I am a
SE Market Rate
Paying Tenant,
"not" Section 8(HUD)

1. Location: Landlord hereby leases and lets to Resident the premises described as follows: Sidney Hillman Apartments, Apt. 00/1107.
2. Term: This lease shall be for the term of 01/12/2016 to 01/31/2017.
3. Rent: Resident shall pay Landlord in monthly payments of \$ 617.00, each payment due on the first day of each month in advance at such place as we may from time to time specify by written notice to you.

IN WITNESS OF THIS AGREEMENT, the Landlord and Resident execute this agreement as of the day and year first above written.

Cheryl Campbell, [typed name of HUD Specialist]

By LLZ 4 [signature]

121 _____ [address]

MARSHA STROMAN, [typed name of Resident]

By Theresa K. Chen [signature]

[address]

26. Contents of this Agreement:

This Agreement and its Attachments make up the entire agreement between the Landlord and the Tenant regarding the unit. If any Court declares a particular provision of this Agreement to be invalid or illegal, all other terms of this Agreement will remain in effect and both the Landlord and the Tenant will continue to be bound by them.

27. Attachments to the Agreement:

The Tenant certifies that he/she has received a copy of this Agreement and the following Attachments to this Agreement and understands that these Attachments are part of this Agreement.

- a. Attachment No. 1 – Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures, form HUD-50059
- b. Attachment No. 2 – Unit Inspection Report.
- c. Attachment No. 3 – House Rules (if any).
- d. Attachment No. 4 – Pet Rules.

28. Tenant's Rights to Organize:

Landlord agrees to allow tenant and tenant organizers to conduct on the property the activities related to the establishment or operation of a tenant organization set out in accordance with HUD requirements.

29. Tenant Income Verification:

The Tenant must promptly provide the Landlord with any letter or other notice by HUD to a member of the family that provides information concerning the amount or verification of family income in accordance with HUD requirements.

30. The lease agreement will terminate automatically, if the Section 8 Housing Assistance contract terminates for any reason.

Signatures:

TENANT/HEAD OF HOUSEHOLD

BY:

1. 
Signature

11/12/2016
Date Signed

2. _____
Signature

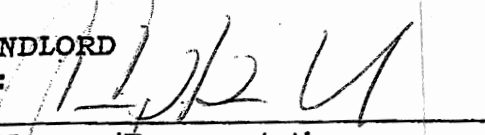
Date Signed

3. _____
Signature

Date Signed

LANDLORD

BY:

1. 
Manager/Representative


Date Signed

- Information Collection Agencies), or to knowingly provide incomplete or inaccurate information; and
- (4) Non-payment of rent or any other financial obligation due under the lease beyond any grace period permitted under State law. The payment of rent or any other financial obligation due under the lease after the due date but within the grace period permitted under State law constitutes a minor violation.
- e. If the Landlord proposes to terminate this Agreement, the Landlord agrees to give the Tenant written notice of the proposed termination. If the Landlord is terminating this agreement for "other good cause", the termination notice must be mailed to the Tenant and hand-delivered to the dwelling unit in the manner required by HUD at least 30 days before the date the Tenant will be required to move from the unit. Notices of proposed termination for other reasons must be given in accordance with any time frames set forth in State and local law. Any HUD-required notice period may run concurrently with any notice period required by State or local law. All termination notices must:
- (1) Specify the date this Agreement will be terminated;
 - (2) State the grounds for termination with enough detail for the Tenant to prepare a defense;
 - (3) Advise the Tenant that he/she has 10 days within which to discuss the proposed termination of tenancy with the Landlord. The 10-day period will begin on the earlier of the date the notice was hand-delivered to the unit or the day after the date the notice is mailed. If the Tenant requests the meeting, the Landlord agrees to discuss the proposed termination with the Tenant; and
 - (4) Advise the Tenant of his/her right to defend the action in court.
- f. If an eviction is initiated, the Landlord agrees to rely only upon those grounds cited in the termination notice required by paragraph e.

24. Hazards:

The Tenant shall not undertake, or permit his/her family or guests to undertake, any hazardous acts or do anything that will increase the project's insurance premiums. Such action constitutes a material non-compliance. If the unit is damaged by fire, wind, or rain to the extent that the unit cannot be lived in and the damage is not caused or made worse by the Tenant, the Tenant will be responsible for rent only up to the date of the destruction. Additional rent will not accrue until the unit has been repaired to a livable condition.

25. Penalties for Submitting False Information:

Knowingly giving the Landlord false information regarding income or other factors considered in determining Tenant's eligibility and rent is a material noncompliance with the lease subject to termination of tenancy. In addition, the Tenant could become subject to penalties available under Federal law. Those penalties include fines up to \$10,000 and imprisonment for up to five years.

John Fox Towers
SIDNEY HILLMAN MEDICAL
SUITE 302
200 71ST ST

interpreter services available. | التفسير متاح | Interpretation services available | 提供口译服务 | Services d'interprétation disponibles. | 해석이 제공된다 | Interpretation services provided upon request | Se ofrecen servicios de interpretación | Có sẵn dịch vụ thông dịch.

Joshua Harris, Esq.
(215) 686-3412
City Hall # 580

Kenneth L. Baritz & Associates, P.C.
ATTORNEYS AT LAW

KENNETH L. BARITZ
TODD L. BARITZ
CORY M. BARITZ
JEROME M. FEINBERG*
*DECEASED

100 S. Broad St.
Suite 1205
PHILADELPHIA, PENNSYLVANIA 19110

(215) 557-8608
Fax No. (215) 557-3539
OF COUNSEL
HARRY F. FEINBERG *
* Member of PA & NJ bars

Lynn Fox

L. Fox / Fox Towers
(215) 880-5781

January 23, 2017

MARSHA STROMAN

All Occupants

8 S 22ND ST AKA 8-22 S. 22ND STREET # 1107
Philadelphia PA 19103

RE: NOTICE TO VACATE; TERMINATION OF LEASE; BREACH OF LEASE

untruth

Dear Tenant,

Please be advised that this office represents the owner of the above premises, which you occupy. You are in default of your lease due to Disturbances. The balance owed is \$0.00 through January 31, 2017.

You must vacate the leased premises within Thirty (30) days from the date of this letter. In addition, a Landlord & Tenant Complaint will be filed against you immediately.

Please bear in mind that this notice in no way relieves you of your responsibilities and obligations pursuant to the terms and conditions of your written lease agreement, including, but not limited to the payment of rent for the remainder of the lease term, even if you vacate. This letter is being sent in addition to any letters or notices that you have received.

This is an attempt to collect a debt. Accordingly, any information obtained will be used for that purpose. Unless you notify this office in writing within thirty (30) days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within thirty (30) days from receiving this notice that the debt, or any portion thereof, is disputed, this office will obtain verification of the debt and mail it to you.

This thirty (30) day right to dispute the validity of the debt does not mean we cannot file a Landlord & Tenant Complaint or take other action against you within the thirty (30) day period. However, if you dispute the validity of the debt in writing within thirty (30) days, we will not proceed with such action until we send the verification to you.

Very truly yours,



KENNETH L. BARITZ

(part over)

- d. Changes in the Tenant's rent or assistance payment are required by HUD's re-certification or subsidy termination procedures;
- e. HUD's procedures for computing the Tenant's assistance payment or rent change; or
- f. The Tenant fails to provide information on his/her income, family composition or other factors as required by the Landlord. The Landlord agrees to implement changes in the Tenant's rent or tenant assistance payment only in accordance with the time frames and administrative procedures set forth in HUD's handbook, instructions and regulations related to administration of multifamily subsidy programs. The Landlord agrees to give the Tenant at least 30 days advance written notice of any increase in the Tenant's rent except as noted in paragraphs 11, 15 or 17. The notice will state the new amount the Tenant is required to pay, the date the new amount is effective, and the reasons for the change in rent. The Notice will also advise the Tenant that he/she may meet with the Landlord to discuss the rent change.

5. Charges for Late Payments and Returned Checks:

If the Tenant does not pay the full amount of the rent shown in paragraph 3 by the end of the 5th day of the month, the Landlord may collect a fee of \$5 on the 6th day of the month. Thereafter, the Landlord may collect \$1 for each additional day the rent remains unpaid during the month it is due. The Landlord may not terminate this Agreement for failure to pay late charges, but may terminate this Agreement for non-payment of rent, as explained in paragraph 23. The Landlord may collect a fee of \$ bank cost on the second or any additional time a check is not honored for payment (bounces). The charges discussed in this paragraph are in addition to the regular monthly rent payable by the Tenant.

6. Condition of Dwelling Unit:

By signing this Agreement, the Tenant acknowledges that the unit is safe, clean and in good condition. The Tenant agrees that all appliances and equipment in the unit are in good working order, except as described on the Unit Inspection Report, which is Attachment No. 2 to this Agreement. The Tenant also agrees that the Landlord has made no promises to decorate, alter, repair or improve the unit, except as listed on the Unit Inspection Report.

7. Charges for Utilities and Services:

The following charts describe how the cost of utilities and services related to occupancy of the unit will be paid. The Tenant agrees that these charts accurately describe the utilities and services paid by the Landlord and those paid by the tenant.

- a. The Tenant must pay for the utilities in column (1). Payments should be made directly to the appropriate utility company. The items in column (2) are included in the Tenant's rent.

- d. The Landlord agrees to refund the amount computed in paragraph 8c within 30 days after the Tenant has permanently moved out of the unit, returned possession of the unit to the Landlord, and given his/her new address to the Landlord. The Landlord, will also give the Tenant a written list of charges that were subtracted from the deposit. If the Tenant disagrees with the Landlord concerning the amounts deducted and asks to meet with the Landlord, the Landlord agrees to meet with the Tenant and informally discuss the disputed charges.
- e. If the unit is rented by more than one person, the Tenants agree that they will work out the details of dividing any refund among themselves. The Landlord may pay the refund to any Tenant identified in Paragraph 1 of this Agreement.
- f. The Tenant understands that the Landlord will not count the Security Deposit towards the last month's rent or towards repair charges owed by the Tenant in accordance with paragraph 11.

9. Keys and Locks:

The Tenant agrees not to install additional or different locks or gates on any doors or windows of the unit without the written permission of the Landlord. If the Landlord approves the Tenant's request to install such locks, the Tenant agrees to provide the Landlord with a key for each lock. When this Agreement ends, the Tenant agrees to return all keys to the dwelling unit to the Landlord. The Landlord may charge the Tenant \$ 5.00 for each key not returned and \$25.00 for the card key.

10. Maintenance:

a. The Landlord agrees to:

- (1) Regularly clean all common areas of the project;
- (2) Maintain the common areas and facilities in a safe condition;
- (3) Arrange for collection and removal of trash and garbage;
- (4) Maintain all equipment and appliances in safe and working order;
- (5) Make necessary repairs with reasonable promptness;
- (6) Maintain exterior lighting in good working order;
- (7) Provide extermination services, as necessary; and
- (8) Maintain grounds and shrubs.

b. The Tenant agrees to:

- (1) Keep the unit clean;
- (2) Use all appliances, fixtures and equipment in a safe manner and only for the purposes for which they are intended;
- (3) Not litter the grounds or common areas of the project;
- (4) Not destroy, deface, damage or remove any part of the unit, common areas, or project grounds;
- (5) Give the Landlord prompt notice of any defects in the plumbing, fixtures, appliances, heating and cooling equipment or any other part of the unit or related facilities; and
- (6) Remove garbage and other waste from the unit in a clean and safe manner.

Section 8 housing assistance payments and project assistance payments programs.

Note: The Part 5 Pet Rules do not apply to an animal used by a Tenant or visitor that is needed as a reasonable accommodation for the Tenant or visitor's disability. Optional: The Landlord may after reasonable notice to the TENANT and during reasonable hours, enter and inspect the premises. Entry and inspection is permitted only if the Landlord has received a signed, written complaint alleging (or the Landlord has reasonable grounds to believe) that the conduct or condition of a pet in the dwelling unit constitutes, under applicable State or local law, a nuisance or a threat to the health or safety of the occupants of the project or other persons in the community where the project is located. If there is no State or local authority (or designated agent of such an authority) authorized under applicable State or local law to remove a pet that becomes vicious, displays symptoms of severe illness or demonstrates other behavior that constitutes an immediate threat to the health or safety of the tenancy as a whole, the LANDLORD may enter the premises (if necessary), remove the pet, and take such action with respect to the pet as may be permissible under State or local law which may include placing it in a facility that will provide care and shelter for a period not to exceed 30 days. The Landlord shall enter the premises and remove the pet or take such other permissible action only if the Landlord requests the Tenant (pet owner) to remove the pet from the project immediately, and the Tenant (pet owner) refuses to do so, or if the Landlord is unable to contact the Tenant (pet owner) to make a removal request. The cost of the animal care facility shall be paid as provided in 24 CFR Part 5

- e. Make or permit noises or acts that will disturb the rights or comfort of neighbors. The Tenant agrees to keep the volume of any radio, phonograph, television or musical instrument at a level, which will not disturb the neighbors.

14. Rules:

The Tenant agrees to obey the House Rules, which are Attachment No. 3 to this Agreement. The Tenant agrees to obey additional rules established after the effective date of this Agreement if:

- a. The rules are reasonably related to the safety, care and cleanliness of the building and the safety, comfort and convenience of the Tenants; and
- b. The Tenant received written notice of the proposed rule at least 30 days before the rule is enforced.

15. Regularly Scheduled Re-certifications

Every year around the first day of _____ the Landlord will request the Tenant to report the income and composition of the Tenant's household and to supply any other information required by HUD for the purposes of determining Tenant's rent and assistance payment, if any. The Tenant agrees to provide accurate statements of this information and to do so by the date specified in the Landlord's request. The Landlord will verify information to re-compute the amount of the Tenant's rent and assistance payment, if any.

17. Removal of Subsidy:

a. The Tenant understands that assistance made available on his/her behalf may be terminated if events in either items 1 or 2 below occur. Termination of assistance means that the Landlord may make the assistance available to another Tenant and the Tenant's rent will be recomputed. In addition, if the Tenant's assistance is terminated because of criterion (1) below, the Tenant will be required to pay the HUD-approved market rent for the unit.

- (1) The Tenant does not provide the Landlord with the information or reports required by paragraph 15 or 16 within 10 calendar days after receipt of the Landlord's notice of intent to terminate the Tenant's assistance payment.
- (2) The amount the Tenant would be required to pay towards rent and utilities under HUD rules and regulations equals the Family Gross Rent shown on Attachment 1.

b. The Landlord agrees to give the Tenant written notice of the proposed termination. The notice will advise the Tenant that, during the ten calendar days following the date of the notice, he/she may request to meet with the Landlord to discuss the proposed termination of assistance. If the Tenant requests a discussion of the proposed termination, the Landlord agrees to meet with the Tenant.

c. Termination of assistance shall not affect the Tenant's other rights under this Agreement, including the right to occupy the unit. Assistance may subsequently be reinstated if the Tenant submits the income or other data required by HUD procedures, the Landlord determines the Tenant is eligible for assistance, and assistance is available.

18. Tenant Obligation to Repay:

If the tenant submits false information on any application, certification or request for interim adjustment or does not report interim changes in family income or other factors as required by paragraph 16 of this Agreement, and as a result, is charged a rent less than the amount required by HUD's rent formulas, the Tenant agrees to reimburse the Landlord for the difference between the rent he/she should have paid and the rent he/she was charged. The Tenant is not required to reimburse the Landlord for undercharges caused solely by the Landlord's failure to follow HUD's procedures for computing rent or assistance payments.

19. Size of Dwelling:

The Tenant understands that HUD requires the Landlord to assign units in accordance with the Landlord's written occupancy standards. These standards include consideration of unit size, relationship of family member, age and sex of family members and family preference. If the Tenant is or becomes eligible for a different size unit, and the required size unit becomes available, the Tenant agrees to:

- a. Move within 30 days after the Landlord notifies him/her that a unit of the required size is available within the project; or
- b. Remain in the same unit and pay HUD-approved market rent.

- engaged in on the premises by any other person under the tenant's control;
- (4) Determination made by the Landlord that a household member is illegally using a drug;
 - (5) Determination made by the Landlord that a pattern of illegal use of a drug interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents;
 - (6) Criminal activity by a tenant, any member of the tenant's household, a guest or another person under the tenant's control:
 - a. That threatens the health, safety, or right to peaceful enjoyment of the premises by other residents (including property management staff residing on the premises); or
 - b. That threatens the health, safety, or right to peaceful enjoyment of their residences by persons residing in the immediate vicinity of the premises;
 - (7) If the tenant is fleeing to avoid prosecution, or custody or confinement after conviction, for a crime, or attempt to commit a crime, that is a felony under the laws of the place from which the individual flees, or that in the case of the State of New Jersey, is a high misdemeanor;
 - (8) If the tenant is violating a condition of probation or parole under Federal or State law;
 - (9) Determination made by the Landlord that a household member's abuse or pattern of abuse of alcohol threatens the health, safety, or right to peaceful enjoyment of the premises by other residents;
 - (10) If the Landlord determines that the tenant, any member of the tenant's household, a guest or another person under the tenant's control has engaged in the criminal activity, regardless of whether the tenant, any member of the tenant's household, a guest or another person under the tenant's control has been arrested or convicted for such activity.
- d. The LANDLORD may terminate this Agreement for other good cause, which includes, but is not limited to, the tenant's refusal to accept change to this agreement. Terminations for "other good cause" may only be effective as of the end of any initial or successive term. The term material noncompliance with the lease includes:
- (1) One or more substantial violations of the lease;
 - (2) Repeated minor violations of the lease that:
 - (a) Disrupt the livability of the project,
 - (b) Adversely affect the health or safety of any person or the right of any tenant to the quiet enjoyment of the leased premises and related project facilities,
 - (c) Interferes with the management of the project, or
 - (d) Have an adverse financial effect on the project;
 - (3) Failure of the tenant to timely supply all required information on the income and composition, or eligibility factors, of the tenant household (including, but not limited to, failure to meet the disclosure and verification requirements for Social Security Number, or failure to sign and submit consent forms for the obtaining of wage and claim information from State Wage

26. Contents of this Agreement:

This Agreement and its Attachments make up the entire agreement between the Landlord and the Tenant regarding the unit. If any Court declares a particular provision of this Agreement to be invalid or illegal, all other terms of this Agreement will remain in effect and both the Landlord and the Tenant will continue to be bound by them.

27. Attachments to the Agreement:

The Tenant certifies that he/she has received a copy of this Agreement and the following Attachments to this Agreement and understands that these Attachments are part of this Agreement.

- a. Attachment No. 1 - Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures, form HUD-50059
- b. Attachment No. 2 - Unit Inspection Report.
- c. Attachment No. 3 - House Rules (if any).
- d. Attachment No. 4 - Pet Rules.

28. Tenant's Rights to Organize:

Landlord agrees to allow tenant and tenant organizers to conduct on the property the activities related to the establishment or operation of a tenant organization set out in accordance with HUD requirements.

29. Tenant Income Verification:

The Tenant must promptly provide the Landlord with any letter or other notice by HUD to a member of the family that provides information concerning the amount or verification of family income in accordance with HUD requirements.

30. The lease agreement will terminate automatically, if the Section 8 Housing Assistance contract terminates for any reason.

Signatures:**TENANT/HEAD OF HOUSEHOLD****BY:**

1. 
Signature

11/2/2016
Date Signed

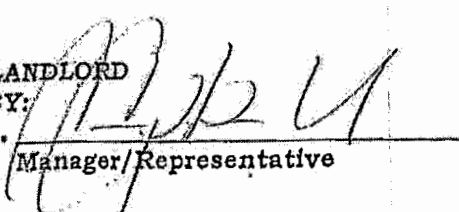
2. _____
Signature

Date Signed

3. _____
Signature

Date Signed

LANDLORD**BY:**

1. 
Manager/Representative

12/2/2016
Date Signed

Letter to Lisa Marie Warner,
Property Manager of:
- Prudent Property Manager, Inc.
- Sidney Hillman Senior Apt
- John Fox Towers Senior Apts

Marsha C. Stroman
Sidney Hillman Apartments
22 South 22nd Street, #1107
Philadelphia, Pennsylvania 19103
Telephone: (215) 869-6566

March 4, 2016

Ms. Lisa Marie Warner
Property Manager
Sidney Hillman Apartments
22 South 22nd Street
Philadelphia, Pennsylvania 19103

✓ **RE: New Tenant/Issues (re: Mr. Jay & Mr. Tony, MAINTENANCE MEN)**

Dear Ms. Warner: (Ms. Lisa)

Please, I must say this, and say it a trillion times....**"THANK YOU!"**

I hold a special place in my heart and prayers for you, as you were extremely kind to accept my application as a *market-rate-paying* tenant at Sidney Hillman Apartments recently, I am eternally grateful to you, and *Ms. Anna* in your *corporate office*.

I truly thank you for the way you welcomed me and adhered to my concerns with the bathroom that was not available for use nor was it cleaned, etc....I especially appreciate the way you handled the frightening episode of the guard (*identifide himself as Anthony, Security, not mainetance*) banging on my door close to midnight, saying that the office instructed him to give me some *time* of document, however, that was a very unprofessional and distrubing ordeal awakening me at that time of night. (11:45 pm)

I sincerely thank you again, however, bouts such as that, has not totally ceased, as the following day, I had an encounter with your *maintenance man (Tony)* who charged me, verbally and physically upon my opening the apartment door. I had to immediately, request him to go back outside the door and re-enter in a professional speaking and behavior-like manner. However, I instead suggested that he leave, and not return to the apartment. Upon bringing it to your attention, I also completed a complaint form. He is very rude, to this day, though we have no verbal communication, his facial expressions says enough and that is fine with me. I appreciate how you requested Mr. Raymond and Mr. Jose to come and re-do the 'messy' unfinished job that Mr. Tony, (Maintenance man) performed in the bathroom leaving two huge holes in the wall, etc.. **Mr. Raymond is an extremely kind, professional, soft spoken man who knows the ins and outs of performing janitorial and maintenance tasks. I thank you again for him and Mr. Jose.**

Per our conversation this past Friday, I am contacting you, for always showing your concern and professional resolutions to whatever issues I address with you. As I stated during our conversation, two of *your very, very professional and fine maintenance employees, Mr. Jose and Mr. Miguel were kind*

Ms. Lisa Marie Warner, Property Manager
Sidney Hillman Apartments, Page Two, March 4, 2016

enough to assist me with removing items a U-Haul van, as my scheduled help was delayed, and time was of the essence. Therefore, the two men kindly came to my aide and I truly thanked them and offered to pay them for assisting me, for most of thirty five plus minutes. In the interim, my belongings were placed on the tenants elevator, since the freight elevator was out of service, leaving room for my items to be stolen, etc.

Upon standing at the front desk, observing the security cameras, I spotted your maintenance employee (Mr. Jay), walk into the elevator, where my items were being placed, he bowed to pick up an item(s), placing his hand over the camera, once he obtained what he wanted, the camera showed him walking out the elevator where my belongings were. I immediately went down to the loading dock area where my belongings were, with my adopted mother. We both, witnessed Mr. Jay coming out of a back door, about to walk past us, with my computer tower in his arm. I asked him what was he doing, and informed him that he was carrying my computer tower, and why. He informed me that he was cleaning it, I told him it didn't need to be cleaned, and that he had no business touching my things. He was **caught red handed** and about to walk out of the area with my computer tower. He began to yell and became argumentive, until my adopted mother asked him to "leave her alone." Also, a very sentimental African vase of mine was missing, until I threatened to phone the Police, shortly thereafter, it was returned to me, however, cracked and broken.

The only consolation I had was that I could continue to share my concerns with you, as the Property Manager, believing and trusting that you would oversee this situation and pray that some kind of action(s) will be taken upon Mr. Jay. I am saddened, of the stories I over-hear from some of the elderly women, mostly African American on the elevators, community room and at the mail boxes, share how they do not want Mr. Jay and, some mention, Mr. Tony (Maintenance Man) **not** to enter their apartments, as they make more damage, than what the initial problem was. These seniors have paid their dues to society, they have worked most of their lives, they are lonely, and tired a lot of them, and they should be able to come home to a secure and quiet orderly apartment. I pray you will consider making this a continued comfort zone for your tenants. I adore you Ms. Lisa, and will assist you in any way, if need be.

I enjoy this wonderful, elegant, quiet building, and I pray and plan to remain a tenant, however, I wanted to bring these concerns to your attention, in hopes that they will be halted in an immediate manner. If I can be of any assistance to you and/or your staff, please don't hesitate to inform me at any hour. I adore your professionalism Ms. Lisa, and your staff is very attentive and professional, especially Ms. Brooks, Ms. Cheryl, Ms. Shanice, and especially Mr. Raymond and Mr. Jose and Mr. Miguel. I, however, I have different thoughts when it come to Mr. Jay and Mr. Tony(Maintenance). They behave in a child-like manner instead of professional janitorial/maintenance employees.

Thank you in advance for your continued assistance. May God bless and keep you, with all that you have to endure, in such a huge building, with such needy, special-needs tenants. Do enjoy the rest of your day!

Sincerely,

Marsha Cooper Stroman, New Tenant

JOHN FOX TOWERS

Incident Report for Resident Dispute

Retaliation

Office + Maintenance

To Resident:

Use this form to report a complaint about another resident. Please tell us what happened by filling in the blank below. Then sign the form and give to the Office Staff.

Your Name: Marsha StromanYour Apt. # 1107Name of the Resident - complaint is about: Maintenance

Apt. # _____

Please describe what happened: Complaint/Set Up

Keisha Smith, Receptionist
 Anthony Hailey, Maintenance
 Miguel (Senior) Maintenance
 Shareese Klett (Social Service Coordinator)

Keisha Smith sent
 Anthony Hailey, Miguel (Senior)
 and later Mrs. Shareese Klett
 to repair a leaking (slow)
 and stopped up Bathroom
 sink (3 week stopped up
 clogged sink).

Ms. Smith know Mr. Miguel (Senior)
 and Anthony Hailey are not
 capable of such repairs permitting
 Mr. Miguel (Senior) to perform abusively

Where did this happen? _____

On what date 7/15/2017 At what time of the day _____

Resident Signature

Marsha

Date:

with me,
leaving.7/15/2017 ?

Sudden "Wrongful

Eviction," because of complaints and allowing Chinese etc. renters to move in.



PHILADELPHIA MUNICIPAL COURT
FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
 1339 Chestnut Street, 10th Floor, Philadelphia, PA 19107

Marsha H. Neifield, President Judge Patricia R. McDermott, Deputy Court Administrator

LANDLORD AND TENANT/SECTION 8 COMPLAINT

Date Filed: 01/25/2017

LT-17-01-25-5474

HILLMAN SYDNEY MEDICAL CENTER APTS.
 22 S. 22ND STREET
 Philadelphia, PA 19103

MARSHA STROMAN, AKA/DBA: & ALL OCCS
 8 S 22ND ST AKA 8-22 S. 22ND STREET Ent@ 22 S 22nd St. #
 1107
 Philadelphia, PA 19103

Plaintiff(s)

Defendant(s)

- I. Plaintiff states that he/she/it owns the real property located at the following address: 8 S 22ND ST AKA 8-22 S. 22ND STREET, Ent@ 22 S 22nd St. # 1107, Philadelphia, PA 19103. Plaintiff further states that there is a lease between him/her/it and the above-referenced defendant(s). The lease is written, attached and began on 01/12/2016 for the term of a year or more. Additionally, plaintiff states that the lease is residential.
- II. Plaintiff states that he/she/it is in compliance with Section 102.I of the Philadelphia Property Maintenance Code by having a valid housing inspection license at the time of filing. A copy of the license is attached.
- IV. Plaintiff states that the subject premises is fit for its intended purpose.
- Plaintiff states that he/she/it is unaware of any open notice issued by the Department of Licenses and Inspections ("Department") alleging that the property at issue is in violation of one or more provisions of the Philadelphia Code.
- V. Plaintiff states that notice to vacate the subject premises by 02/22/2017 was given to the defendant on 01/23/2017. A copy of the notice is attached.
- VI. The defendant is in possession of the property and refuses to surrender possession of the property.
- VII. Plaintiff demands a judgment of possession

ONGOING RENT IN THE AMOUNT OF \$617.00 FROM THE DATE OF THE FILING OF THIS COMPLAINT TO THE DATE OF THE HEARING ON THE MERITS IN THIS MATTER.

Breach of a condition(s) of the lease other than nonpayment of rent. The conditions allegedly breached were: Disturbances

- Have never been late or not paid my rent as Lisa Marie Warner, Property Manager created, along with other false accusations.

Filing Party: KENNETH L BARITZ 100 S. BROAD, SUITE 1205, PHILADELPHIA, PA 19110		Phone Number: 215-557-8608
I am an attorney for the plaintiff(s), the plaintiff's authorized representative or have a power of attorney for the plaintiff(s) in this landlord tenant action. I hereby verify that I am authorized to make this verification; that I have sufficient knowledge, information and belief to take this verification or have gained sufficient knowledge, information and belief from communications with the plaintiff or the persons listed below and that the facts set forth are true and correct to the best of my knowledge, information and belief. I understand that this verification is made subject to the penalties set forth in 18 Pa. C.S. § 4904, which concerns the making of unsworn falsifications to authorities. If I am an authorized representative or have a power of attorney, I have attached a completed Philadelphia Municipal Court authorized representative form or a completed power of attorney form. KENNETH L BARITZ _____ Signature Plaintiff/Attorney	SUMMONS TO THE DEFENDANT: You are hereby ordered to appear at a hearing scheduled as follows:	CITATION: Al demandado por la presente, usted esta dirigido a presentarse a la siguiente:
	LOCATION (SITO): 1339 Chestnut Street 6th Floor Philadelphia, PA 19107 Hearing Room: 3	DATE (FECHA): February 24th, 2017 TIME (HORA): 08:45 AM
NOTICE TO THE DEFENDANT: YOU HAVE BEEN SUED IN COURT. PLEASE SEE ATTACHED NOTICE.		NOTA IMPORTANTE PARA EL ACUSADO: USTED HA SIDO DEMANDO EN CORTE. POR FAVOR MIRA PAPELE ESCRITA.

1339 Chestnut Street, 10th Floor, Philadelphia, PA 19107

Patricia R. McDermott, Deputy Court Administrator

MARSHA STROMAN
AKA/DBA: & ALL OCCS
8 S 22ND ST AKA 8-22 S. 22ND STREET Ent@
22 S 22nd St.# 1107
Philadelphia, PA 19103

Defendant(s)

I am an attorney for the plaintiff(s), the plaintiff's authorized representative or have a power of attorney for the plaintiff(s) in this landlord tenant action. I hereby verify that I am authorized to make this verification; that I have sufficient knowledge, information and belief to take this verification or have gained sufficient knowledge, information and belief from communications with the plaintiff or the persons listed below and that the facts set forth are true and correct to the best of my knowledge, information and belief. I understand that this verification is made subject to the penalties set forth in 18 Pa. C.S. § 4904, which concerns the making of unsworn falsifications to authorities. If I am an authorized representative or have a power of attorney, I have attached a completed Philadelphia Municipal Court authorized representative form or a completed power of attorney form.

☐ Medical Affidavit

☐ Repair Affidavit

☐ Affidavit of Service By Mail

9-01/16/02

Wrongful evictionThese two sheets are all I receive

**PHILADELPHIA MUNICIPAL COURT
FIRST JUDICIAL DISTRICT OF PENNSYLVANIA**

1339 Chestnut Street, 10th Floor, Philadelphia, PA 19107

Marsha H. Neifield, President Judge Patricia R. McDermott, Deputy Court Administrator

Court Room 3 at 08:45 AM on 02/24/2017

LT-17-01-25-5474

HILLMAN SYDNEY MEDICAL CENTER APTS.
22 S. 22ND STREET
Philadelphia, PA 19103

MARSHA STROMAN
AKA/DBA: & ALL OCCS
8 S 22ND ST AKA 8-22 S. 22ND STREET Ent@ 22
S 22nd St. # 1107
Philadelphia, PA 19103

Plaintiff(s)

Defendant(s)

What to do if you receive a Landlord-Tenant Complaint that you have been sued in Housing Court

1. **Read and understand the Landlord-Tenant Complaint.** You are the **Defendant**; the person, group of corporation suing you is the **Plaintiff**.
2. The Complaint will ask a judgment for money and possession (eviction from the property) be entered against you.
3. Check the Complaint for the location, date and time of hearing.
4. You have a right to attend the hearing and to present your defense to the Court. You as an individual are not required to have an Attorney to represent you. You should bring with you to Court all documents to support your case, such as rent books, receipts, canceled checks, bills, lease, letters, notices and photos.
5. If you do not appear at the hearing, the Court can decide in favor of the other party. A judgment by default can be entered against you for any money owed and can result in your eviction.

IF YOU HAVE ANY QUESTIONS, CALL OR VISIT THE MUNICIPAL COURT LANDLORD-TENANT OFFICE, 1339 CHESTNUT STREET, ROOM 1000, PHILADELPHIA, PA 19107 9:00 A.M. TO 4:00 P.M., MONDAY THROUGH FRIDAY OR CALL (215) 686-2901 OR (215) 686-7988.

IF YOU HAVE A DISABILITY AND REQUIRE ASSISTANCE IN ORDER TO PARTICIPATE IN A MUNICIPAL COURT PROCEEDING, PLEASE CONTACT US AT 215-686-7986.

* * * * *

NOTICE OF JUDGMENT OF POSSESSION

Date: _____

Claim No. _____

A money judgment has been entered against you in the amount of \$ _____ rent, \$ _____ physical damages, \$ _____, other, for a total amount of \$ _____, plus costs \$ _____. The Court found the monthly rent to be \$ _____.

Judgment of possession has been entered against you effective _____ based upon:

☐ Non-payment of rent; ☐ Termination of the term of the lease; ☐ Breach of condition of the lease

You may appeal to the Court of Common Pleas of Philadelphia within ten (10) days from the date of this notice if the Court has determined that your lease is residential. You may appeal to the Court of Common Pleas of Philadelphia within thirty (30) days from the date of this notice if the Court has determined that your lease is nonresidential. You are advised that the filing of the appeal is governed by the Rules of Civil Procedure of the Court of Common Pleas. Strict compliance with those rules is required. Unless you are thoroughly familiar with the appeal rules, it is suggested that you consult an attorney to pursue your appeal.

If no appeal is taken within the applicable period, and you do not vacate the property by the date referred to herein, the Sheriff or Landlord and Tenant Officer has the authority to serve upon you an *Alias Writ* and forcibly evict you.

If the Judgment of Possession was issued based upon non-payment of rent only, then you may bring the rent up to date and be permitted to stay in the property. However, if the Judgment of Possession against you is based upon any reason other than non-payment of rent, then you must vacate the property in accordance with the date stated herein or effectuate an appeal to the Court of Common Pleas.

Any further questions relating to this matter should be referred to the Judgments and Petitions Unit at (215) 686-7334

If you decide to take an appeal in this matter, you must bring this form with you when you file your Notice of Appeal.

Allan K. Marshall
Attorney-at-Law
1819 JFK Blvd, Suite # 400,
Philadelphia, PA 19103
Phone: (215) 569-1944

Marsha Stroman
22 S 22nd St.# 1107
Philadelphia, PA 19103 K

May 10, 2017
L/T 101

I Have Five (5) Ideas to Help You.
Your Back Rent to the Landlord Could Become ZERO,---- 00.00
I have a Plan For You : You Cannot be Locked Out Till 6/15//17

Dear Marsha Stroman:

Why You Should Hire Me as Your Attorney

1. If I Am Your Lawyer, I can ask the court to postpone the hearing so that you have less stress and more time to reflect, prepare and come with the down payment. Remember.
 2. **Your Back Rent Could Become Zero.** I can check if the landlord has a valid license. If the landlord does not, you win because I can ask the judge to cancel some or all of the back rent.
 3. If the landlord did not do the repairs and you have the photos, 'or L and I report, I can ask the judge to cancel some or all of the back rent.
 4. Payment Plan for up to 6 months to pay the back rent. Guaranteed.
 5. File bankruptcy now. If you are having financial problems, *your bankruptcy will set you free.*
 6. Experience: In the last 12 years, I represented tenants. **Call me in the next 24 hours.**
- Call me in 48 hours: (215) 569-1944 (9 to 9 PM). God Bless America.

Yours graciously,

Allan K. Marshall, Attorney

Allan K. Marshall, Attorney

AKM/hma

Appropriate, Upscale Business Attire Required for all office visits. No Slobs.

My Book: I wrote a book: "How to Fight Mean Landlords" -- Book Available: Amaz